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The Journal

OF THE

Michigan State Medical Society

ISSUED MONTHLY UNDER THE DIRECTION OF THE COUNCIL

VOLUME XXIII. No. 8
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GRAND RAPIDS, MICH., AUGUST, 1924

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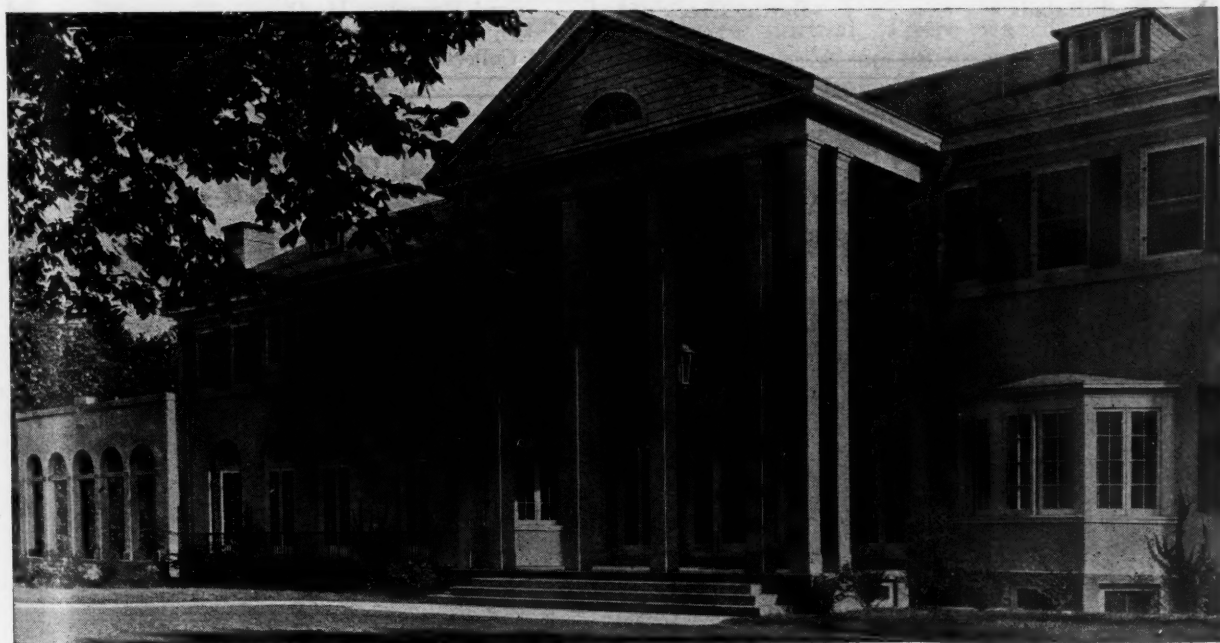
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No. 8

Original Articles

CASE OF ACRODYNIA

DAVID E. SQUIERS, M. D.

KALAMAZOO, MICHIGAN

FAMILY HISTORY

Ruth W., age three years. Father and mother living and well. Farmers. No history of tuberculosis, alcoholism, neurosis or insanity. There are three other children, ages 12, 11 and 5. All in good health.

PAST HISTORY

Birth weight six and one-half pounds. Gestation nine months. Normal delivery. Apparently normal at birth. Mental and muscular development were normal. Has had none of the contagious children's diseases.

FEEDING HISTORY

Was breast fed for 12 months. Following this had milk and mixed diet from the table. Later the child was given frequent lunches and her diet apparently consisted of milk and graham crackers, given whenever she cried. Practically no vegetables or fruit were given.

PRESENT ILLNESS

Began about Thanksgiving time, 1923. The first thing noticed by the mother was a sore on the mouth which was thought to be ring worm. Later a slight rash was noticed on face and chest. The child at this time started going down hill. Had frequent colds which terminated in an attack of Grippe. February, 1924, had a severe vomiting spell, without any known cause. Later she complained of pain in the stomach. There was much mucus in the stools and she was constipated. It was noticed that she sweat very easily, and her clothing was damp a good deal of the time. About this time there began a severe itching in the palms of the hands and the soles of the feet. Later they became very red. The condition of the hands was much more severe than in the feet. Following this the hands began to peel, and there was a slight desquamation between the toes. Hands peeled repeatedly. She became very sensitive over the entire body and screamed whenever handled. No

special pain was complained of but she became very weak and was scarcely able to walk. Was very constipated, slept poorly and was extremely irritable. She was never without a cold and coughed a great deal. The chief complaints were loss of weight, extreme irritability, pain on handling, anorexia, constipation, insomnia, sweating and peeling of the palms of the hands.

PHYSICAL EXAMINATION, MAY 16, 1924

Aged 3 years. Height 34 inches. Weight 18 pounds and 3 ounces. Temperature 99. Pulse 110 and respiration 22. She was an extremely unhappy looking child. Nutrition was very poor. Skin was white and inelastic, showing rapid loss of weight. Cervical, axillary, inguinal and bronchial lymph glands were markedly enlarged. Bones and joints appeared normal. There was no swelling along the shafts of the long bones, and no swelling or tenderness about the joints. Muscles were flabby. Head eighteen inches in circumference. No bosses or cranio-tabes. Fontanelles were closed. Hair was fine and abundant. Adenoid facies. Mouth was normally closed. Twenty teeth in good condition. There was a small white patch on the lower lip. The gums were slightly reddened, but there was no evidence of ulcerative stomatitis. Tongue slightly coated. Tonsils enormously enlarged, cryptic and infected. Chest seventeen inches in circumference. Marked rosary, but no other bony deformity. Heart was normal. Lungs normal. D'Espines to the fourth dorsal vertebrae. Spine showed a marked curve of weakness. Abdomen at the level of the ribs. No tenderness, rigidity, fluid or masses. Liver was normal in size. Spleen not felt. Slight vaginal discharge. Extremities very emaciated. Skin on the palmar surfaces of the hands was markedly red and swollen, considerable peeling of the palms and fingers, also considerable peeling between the toes. No reflex could be obtained after a prolonged trial. Nervous system extremely irritable.

LABORATORY EXAMINATIONS

Haemoglobin 85 per cent. White blood cells, 17,800. Differential count showed nothing abnormal. Urine showed no albumin, sugar, pus or acetone. Specific gravity, 1,020, highly colored.

DIFFERENTIAL DIAGNOSIS

This case shows a marked similarity to Pellagra. In both conditions there are symptoms referable to the gastro-intestinal, cutaneous and nervous systems. Pellagra, however, is more common in the south and is very rare in a child three years of age. The skin manifestations in Pellagra are invariably on the dorsal surfaces of the hands. Peeling is very rare.

Scurvy—The patient is past the usual age to manifest scurvy. There was no blood in the urine and no evidence of hemorrhage in the skin. No evidence of hemorrhage under the periosteum of the long bones. Stomatitis is common in both conditions, and is usually a marked symptom in pronounced scurvy. In this case the stomatitis was very mild.

Rickets—As in scurvy, the patient is past the usual age for acute manifestations of rickets. The fontanels are closed, there is no cranio-tabes or bossing. She has a full set of teeth. There is no deformity of the chest, excepting a slight amount of beading. Liver and spleen are not enlarged, nor are the radial epiphysis enlarged. Rickets never shows the dermatitis and peeling as in this case. While this may not be a case of acrodynia, as described by Bilderbach or Portland, Oregon, it has many points of similarity. We believe this case should be classed among the deficiency diseases or avitaminoses.

DISCUSSION

There are some who think chronic infection plays an important part in the production of this condition. Epidemics have been reported in France which would seem to support this view. In this case there may have been some absorption from the badly infected tonsils. It seems more probable, however, that the condition is brought about by a combination of chronic infections and from lack of proper hygiene and fresh foods.

The child was examined June 18, 1924, and has started to improve since being put upon a diet containing fresh meat, vegetables, eggs, with the minimum quantity of milk. She was given cod liver oil and iron and kept out-of-doors as much as possible. She has gained eight ounces in weight. Color is much better. She is much less irritable and we were able to elicit a very slight knee jerk in one leg. The hands were still slightly red, but no more peeling. The stomatitis has cleared up.

This condition is not common, but likely there are more cases than are reported. In a condition of very poor nutrition, without any special symptoms on the part of the digestive tract, great irritability, sweating, crying on handling and itching, followed by

protracted peeling of hands and feet, the condition of acrodynia should be considered.

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SYPHILITIC AORTITIS

W. H. MARSHALL, M. D.

FLINT, MICHIGAN

No investigation of cardiovascular disease is complete unless we ascertain the condition of the aorta, and especially is this true if there be a history of syphilis, for it has long been known to the clinician that "Venus loves the arteries." Warthin has shown that the aorta stands first as the site of active luetic lesions. One of the first works on this subject was contributed by Francis H. Welch, of London, in the *Medico-Surgical Transactions of London* in 1876. The *Treponema Pallidum* was first demonstrated in a diseased aorta by Reuta of Munich in 1906, and a few years later, the careful studies of Warthin gave us a clear understanding of the pathological histology. More interest has been shown in the diseased aorta in the last twenty years than in all the previous history of medicine. This has been due to the discovery of the *Treponema Pallidum* and the elaboration of methods of staining this organism in the tissues, to the discovery of the Wasserman test, and to the painstaking investigations of the roentgenologist. As a result of this renewed interest, many more cases of luetic aortitis are reported than formerly, and we must, therefore, check our enthusiasm by remembering that other infections and other degenerations may also produce aortitis. However, if a patient with aortitis admits a luetic infection, or if the Wasserman test be positive, it is reasonably safe to assume that his aortic lesion is a syphilitic one. In studying my case records for the last seven years. I have been able to collect 29 histories of patients suffering from undoubted luetic aortitis. From an analysis of these, one may arrange them into certain clinical groups with rather definite symptoms and signs.

As I am not a syphilographer, I can give you no figures of my own to prove the incidence of aortitis in syphilis. Sir Clifford Albutt, whose studies of the diseased aorta are so well known, states that the aorta is affected in over 70 per cent of all syphilitics

*Read at Calhoun County Medical Society, Battle Creek, March, 1923.
Read at Kalamazoo Academy of Medicine, May 8, 1923.

Analysis of Wasserman statistics will show that about 10 per cent of all cases admitted to the medical service of a city hospital will have a positive reaction. Longcope has shown that 74.4 per cent of aortic regurgitation cases gave a positive reaction, and that 85 to 95 per cent of aortic aneurysm cases gave a similar result.

Our ideas of when the aorta is invaded after infection have changed with the general advance of our ideas of the pathology of visceral syphilis. It was formerly thought to have been a so-called tertiary lesion. While it is true that the patient with aortitis usually consults the physician ten to twenty-five years after his initial infection, yet it is a mistake to regard aortitis as a late event in syphilis. Very early in the disease, the *Treponema* invades the vasa vasorum of the aorta and the heart, and swarms of these parasites infest the rich lymphatic tissues about the base of the heart and the first portions of the aorta.

While the *Treponema Pallidum* is the prime etiological factor in producing the disease there are other predisposing influences. Of these, age is the most important. Luetic aortitis is a disease of middle life, while arteriosclerotic aortitis occurs in later life. Longcope's studies brought out the fact that 30 per cent of his cases were under the age of 30, 50 per cent were under 40, and that 80 per cent were under 50. Only three of the patients in my series were over 50. The disease may, however, appear earlier in life, and Boas, of New York, has reported a case of luetic aortitis in a child of 13, the subject of congenital syphilis. The next most important factor is hard labor, and that is probably why there are three cases reported in males for every one in females. Many cases are found in negroes who work in our large industrial centers. It is not likely that alcoholism is a very important factor.

The gross pathology of syphilitic aortitis is much different from that due to arteriosclerosis, although at times one may find arteriosclerosis in addition to the syphilis. The lesions are most manifest in the first portion of the aorta, in the region of the sinuses of Valsalva, progressing upwards toward the arch, and declining towards the thoracic portion, beyond which the aorta is usually, but not always, smooth. There is always a considerable degree of peri-aortitis, due to the invasion of the lymphatics in the loose connective tissue of the mediastinum. No doubt some of the painful sensations of the patient are due to this involvement of the mediastinum. The intima is rough, swollen, and presents pale greyish-yellow,

irregular, discrete patches of degeneration, 3 to 5 cm. in diameter. Longitudinal wrinkling, and irregular nodular swellings may be seen. The entire aorta is dilated, and is generally rigid and leathery, although thin, parchment-like areas are frequently seen where the diseased walls have yielded to the systolic shock of the blood stream. The dilation may be either local or generalized, depending on the extent of the lesions in the wall and partly on the vascular tension. The sinuses of Valsalva are markedly dilated, and with them, the aortic ring with its attached valves may be involved. The valves may show fibrous thickening and retraction, and so may become incompetent. The orifices of the coronary arteries are almost always constricted by plaques of scar tissue. True macroscopic gummata, necrotic in the center, so often seen in other tissues of the body in syphilis, are rarely found in the aorta. Calcareous deposits do not occur as frequently in the intima as in non-syphilitic arteriosclerosis. The heart will invariably show some signs of chronic myocarditis.

Microscopically, the *Treponema* will be found to have invaded the aortic tissues by way of the vasa vasorum. Around these parasites, in the minute vessels, are dense infiltrations of lymphocytes, plasma cells, and occasional giant cells. Many of the capillaries become obliterated, and thus the nutrition of the tissues becomes impaired. While the adventitia, media, and intima are all invaded, yet it seems to be the intima that bears the brunt of the early attack. The muscle fibres of the media degenerate, and the elastic laminae become fragmented. Hence, the medial tissues yield and the aorta becomes dilated if the process is a slow one, or an aneurysm may form if the change in the media is more rapid. When healing takes place, it is by the formation of connective tissue overgrowth from the masses of plasma cells, hence the scarring and distortion.

No doubt many cases are entirely latent from the standpoint of symptoms and not rarely is an aortitis discovered at necropsy in a patient dying from some other condition. Other patients may simply have a slight effort syndrome or a cardiac irregularity. Moreover, the clinical picture may be complicated by syphilitic involvement of other viscera, as the liver, stomach, or central nervous system. While it may not be easy to draw sharp lines of demarcation between the clinical types of luetic aortitis, a classification is of some value in the study of symptoms and signs. Like many other diseases, aortitis may be acute or chronic.

The chronic cases may be further subdivided into:

- 1—Simple Dilation of the aorta.
- 2—Dilation with aortic insufficiency.
- 3—Angina Pectoris.
- 4—Aortic Aneurysm.

In my series, I found 18 cases of the first group, 3 of the second, 3 of the third, and 4 of the fourth group. It is true that these groups often overlap, for example, a patient with aortic aneurysm may also have angina pectoris. Moreover, any or all of them may be complicated by symptoms and signs of circulatory failure due to an associated myocarditis.

It is with some temerity that I classify one of my cases as an acute aortitis, for such cases appear to be rare in the literature of medicine. Harlow Brooks, in 1913, reported an aortitis diagnosed before the roseola faded. A young man of 27 consulted me in 1919 because he suspected that something was wrong with his heart. Six months before he had a primary lesion and received one dose of arsphenamin, in a neighboring city. He did not return for further treatment as the chancre had healed and he thought he was cured. He began to have slight dyspnea on exertion, and developed a dull substernal pain which became progressively worse. He was conscious of attacks of palpitation and rapid heart action, and became more easily fatigued than was usual. He began to cough and stated that, after brisk exercise, he would wheeze and expectorate much mucus. A brief synopsis of the clinical findings is as follows: He had a pale subicteric color and appeared to be ill. His temperature was 100F, pulse 130 and respirations 24. There was a slight general adenopathy, but the mucosae and skin showed no lesions. There were sibilant rales between the scapulae and moist rales at the bases of the lungs. There was dulness over the manubrium and for a finger's breadth to the right. Pulsation was seen and felt in the suprasternal notch. A soft systolic aortic blow was heard. The liver was palpable a little below the edge of the ribs. There was a slight leucocytosis and a relative lymphocytosis. The Wasserman test was quadruple plus. A careful search for other causes of the febrile condition revealed no other foci and I felt sure that the fever was due to a visceral syphilis. Upon instituting treatment, his temperature became normal and all his symptoms and signs disappeared. I have examined him several times since, and he appears to be quite well.

Simple dilation of the aorta is the most common finding in syphilitic aortitis and

clinically the most important, inasmuch as some therapeutic relief may be expected. The onset is insidious, most frequently with some dyspnea and consciousness of rapid heart action. Substernal pain always occurs in varying degrees and this pain is aggravated by exertion. A few cases have had pain at night. The pain usually radiates to the back. Such patients are very easily fatigued. On examination, one is struck by the greyish pallor of the face. The apex beat in cases uncomplicated by aortic incompetence may be in a normal position or only slightly out. Pulsation is to be seen and felt in the suprasternal notch and often in the subclavian arteries even above the clavicles. There is impaired resonance behind the manubrium and to the right. Usually, a systolic blow is heard over the aortic area and the aortic second sound is more booming than is normal. Potain, the master French cardiologist of his time, described this sound as "*le bruit de tabourka*," because it resembled the note of a kettle drum, and more especially that of the Arabian earthen kettle drum or "*tabourka*." The peripheral vessels are unchanged and the blood pressure is not high. The average of my 18 cases was only 135 systolic. The X-ray shows a characteristic elongation and widening of the aortic shadow.

The onset of aortic insufficiency in a dilated aorta is usually insidious but may be sudden. The same symptoms described under simple dilation may be present but commonly there are more pronounced symptoms of circulatory failure, more exhaustion, more dyspnea and more giddiness. Restless sleep, nocturnal dyspnea, and mental irritability have been noticeable in my cases. On inspection, one sees a marked throbbing of the carotids and a very pronounced pulsation in the suprasternal notch. Extensive and forcible precordial pulsation, displacement of the apex downward and outwards are seen if there is much left ventricular hypertrophy. The pulse is of the well known collapsing type and the pulse pressure shows an exceedingly wide excursion. A diastolic murmur is heard at the base and is usually transmitted downwards and to the left of the sternum. Other well known signs of aortic insufficiency need not be described here.

When angina pectoris occurs in young or middle aged, syphilitic aortitis with coronary involvement should always be suspected. The typical syndrome appeared in three instances in my series. One patient is still living, after having had five severe attacks in the last year. The other two have died and necropsies were ob-

tained. It is somewhat difficult to say what cases have angina pectoris and what cases are simply aortitis with severe aortic pain. However, if there be sudden attacks of severe pain with a feeling of constriction, especially if coming on during exertion, if the pain radiates to the left shoulder and arm in the patient be extremely apprehensive, remaining immobile during the attack, one may safely assume that the coronary arteries are diseased as well as the aorta. The cause of pain in angina pectoris is still in dispute, Albutt stoutly maintaining that the pain is due to stretching of the aorta, and McKenzie asserting that it is due to exhaustion of the contractile power of the heart. At times the clinician will be puzzled in differentiating between angina pectoris and gastrointestinal conditions. The difficulty has been recognized by the most experienced clinicians. For example, Neusser in his monograph on Angin Pectoris says, "Radiation in the liver area can confuse angina with cholelithiasis." An excellent presentation of this subject is given by Hamburger of Chicago in the May number of the Medical Clinics of North America (1920). He states that in case of doubt, before allowing such a patient to submit to operation, a therapeutic test of Diuretin and Nitroglycerin should be made. We must be very careful not to over-emphasize syphilis as a cause of angina pectoris, for arteriosclerosis is a much more frequent cause. In Levine's analysis of the Massachusetts General Hospital cases of angina pectoris, only 7 per cent were due to syphilis.

It is rather difficult to adhere to a definite distinction between aortic dilation and aneurysm, especially in the fusiform types of aneurysm. According to Norris, the average length of time elapsing between the aortitis and a clinical aneurysm is about 16 years. The teaching of Broadbent that an aneurysm of ascending aorta is an "aneurysm of signs" while one of the transverse aorta is an "aneurysm of symptoms" is very helpful clinically. A dull precordial pain is the most common symptom of both groups. There are probably two factors in the pain, that due to pressure and erosion, and that arising from an exhausted anemic myocardium. The character of the pain is variable. Most frequently is it a feeling of tightness referred to the upper sternum but occasionally it is anginal in character, occurring in attacks after exertion. The pain may radiate to one or both shoulders. A racking, brassy cough is not an unusual complaint, and I discovered two patients with aortic aneurysm within the last three years in our city tuberculosis clinic, where relief from cough

was sought. Dyspnea on exertion is usually present. In March, 1923, a patient was referred to me for investigation of the cause of a dysphagia in swallowing liquids. An aneurysm of the arch was found. Dysphagia is easily explained when one observes fluoroscopically the swallowing of a barium suspension. The first swallowing movement brings the liquid to the level of the aortic arch, and when this is dilated, a feeling of obstruction ensues and a reflex cough is excited. A dysphonia or husky voice is occasionally noted and this is due to involvement of the left recurrent laryngeal nerve. Laryngoscopy which should be done in all such cases, will reveal a paresis or paralysis of the left vocal cord. An intercostal neuralgia of the upper thoracic nerves will be present if the aneurysm is large and producing much erosion. The physical signs will vary with the size and position of the aneurysm. If the aneurysm is not in contact with the chest wall there will be very few signs. On percussion, there may be substernal or parasternal dullness. Dullness may also be elicited in the back in case the aneurysm is large. Large saccular aneurysms of the ascending arch may produce a pulsatile bulging area in the chest wall. One should compare both pulses, for in a saccular aneurysm they are frequently unequal, usually the right radial being the weaker. This may be due to the pressure of the tumor on the trunk of a subclavian artery, or to a distortion or contraction of the opening of the vessel. An aneurysm may compress the cervical veins, impede their flow, and so produce distension. In one case seen last year, the pupils were unequal, and there was unilateral sweating of the face and neck. This is due to involvement of the cervical sympathetic nerves. One should not forget to examine the lungs in all heart cases, and especially in suspected aneurysm one should compare the respiratory murmur on both sides. If a large saccular aneurysm should compress a bronchial trunk, this stenosis will make a marked difference in the quality of breath sounds. I have not been able to demonstrate a tracheal tug in all my cases even in those involving the arch. This sign is most frequently elicited when the aneurysm is a large saccular one firmly adherent to the trachea, and is rarely found in diffuse dilation of the aorta. A systolic aortic murmur is common and a diastolic one not unusual, due to dilation of the aortic rings. Hypertrophy of the left ventricle is rarely seen in luetic aneurysm, for the aneurysm per se offers no mechanical impediment to the blood stream. But as Torrey points out, it does interfere with the coron-

ary circulation and so hastens the degenerative changes in the myocardium. It is astonishing how many aneurysms have few or no signs and how many there are that are only discovered by the X-ray. I recall two cases seen while in the R. A. M. C. service in 1916, in which the diagnosis was first made by the rentgenologist, and in which, even afterwards, I was unable to elicit definite signs. Rupture of aortic aneurysm occurs in less than 40 per cent of all cases. At a recent meeting of the Michigan Trudeau Society, I showed a specimen from a luetic patient whose aneurysm had ruptured into the left pleural cavity.

I believe that as a routine procedure, the Wasserman test should be made in all cardiovascular cases. Hubert's statistics showed this test to be positive in 85 per cent of all cases of aortitis. It should be remembered, however, that Warthin has demonstrated the *Treponema* in the aortic walls of subjects, who, during life, had a negative test. If a history suspicious of lues is obtained, or signs suggestive of lues are elicited, these are just as valuable as a laboratory test.

The most important aid in arriving at a diagnosis is undoubtedly the X-ray and I believe that we invoke the assistance of the rentgenologist too seldom rather than too often, in our studies of cardiovascular disease. Vaquez and Bordet of Paris have explored the field of cardiac rentgenology most thoroughly and have perfected special methods of examination. These investigators emphasize the value of fluoroscopic methods. Plates should be taken at a distance of 2 meters with a short exposure. Perhaps the earliest sign is a bulging of the ascending limb of the aortic arch, just above the curve of the right auricle. Elongation and widening of the aorta is easily seen and may be accurately measured. In some cases, the caliber may not be especially widened, but the walls show increased darkness and at times, tortuosity. Not unfrequently there is a haziness of outline of the aorta, due to periaortitis and mediastinitis. Aneurysms should be viewed and plated in several positions in order to define their exact anatomic positions.

Differential diagnosis presents few difficulties if the patient is thoroughly examined. We should remember that non-syphilitic aortitis does occur. Many cases were reported after the 1918 influenza epidemic. It is not so very uncommon in children after a severe attack of acute rheumatism. The aortitis of arteriosclerosis occurs in elderly individuals with hypertension. These cases progress less rapidly than luetic ones and the Was-

serman test is negative. The X-ray usually shows no prominence of the aortic shadow to the right, but rather a lengthening and prominence to the left. In cases of aortic regurgitation, the history of acute rheumatism is important, especially if it occurs in early life. In the anginal group, the differential diagnosis is more difficult. I have already touched on the difficulties in differentiating coronary disease and gallstones. One should remember the possibility of tabetic crises, for not unfrequently tabes co-exist with syphilitic aortitis. The modern rentgenologist will rarely confuse mediastinal tumors with aneurysm, especially if fluoroscopic methods are used.

Prognosis is very difficult in diseases of the aorta, should always be guarded, and frequently false. In spite of specific treatment, unless the diagnosis be made very early, the pathological changes persist. Patients with simple dilatation may live for many years in comfort and activity if properly managed. About 50 per cent of these patients die suddenly. Aortic regurgitation of luetic origin, usually leads to a fatal termination in two or three years after symptoms develop. Prognosis is notoriously uncertain in angina pectoris, for the severity of the pain is no index of the danger, those with slight pain often dying very soon. Norris states that the average duration of life after the diagnosis of aneurysm is about two years. Aneurysm of the arch is most serious, because coronary and myocardial involvement is earlier. An aneurysm of the descending aorta may be very large and cause severe pressure pains before it causes any serious impairment of heart function. After all, the most important factor for consideration, is the condition of the myocardium.

The treatment of syphilitic aortitis calls for usual judgement, for more harm than good is done by indiscriminate treatment along routine anti-syphilitic lines which might be applicable to otherwise healthy patients. The problem in visceral syphilis is not so much that of killing the spirochetes, as it is that of endeavoring to repair damaged organs and to maintain their function. Probably some patients would live longer with their spirochetes undisturbed than with active treatment. Wile in particular, as well as Stokes, has pointed out the dangers of intensive Arsphenamine therapy. He states that acute myocardial insufficiency often follows, as well as exacerbations of angina and aneurysms. Little good is to be expected, at least in the way of a cure, from the antisiphilitic treatment of either aneurysm or of aortic insufficiency. In cases of

aortitis occurring early in the course of syphilis routine antisyphilitic methods may be safely followed. But if there are any evidences of failure of the circulation, the patient should be put to bed for five or six weeks, his diet adjusted, and digitalis administered. I feel that in the management of syphilis we have not properly emphasized the value of rest, not only in the late stages but in the very earliest stages. Probably that is why the aorta is the organ that suffers most damage. We treat a general infection such as typhoid fever, by enjoining absolute rest, but we allow a man with a general infection of the blood stream by spirichetes to remain at work, often of a strenuous character. This does not seem quite rational. The return to work, moreover, must be gradual and an occupation selected that requires little strain. I most frequently employ the old fashioned mixed treatment in these cases, giving two or three courses a year for many years, using a mixture of biniodide of mercury and iodide of potash. Or, the mercury may be given by inunctions or injections and iodide of potash by mouth. If the patient is in good condition, and particularly if there are no signs of hepatic syphilis, Neo-Arsphenamine may be given in 0.2 gm. doses, increasing if well borne to 0.9 gm. Then the patient should have a few months freedom from specific treatment and a similar course repeated. In cardiovascular syphilis, little attention should be paid to the Wasserman findings as an indication of the success of therapy. Relief of symptoms and improvement of functions are much more reliable guides. Some patients undoubtedly become Wasserman fast, and as Wile very properly points out, are treated, not for syphilis, but for the Wasserman test. For anginal pains, nitrites may be tried, but morphine may be required. I have had no experience of the special treatment of aneurysm by wiring, but H. A. Hare, Joseph Sailer and others report good temporary results from this procedure. Probably there are few diseases that tax therapeutic skill more than the management of cardiovascular syphilis, and our only hope of doing good depends on early diagnosis.

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A STUDY OF THE DIAGNOSTIC CRITERIA OF DUODENAL ULCER

JOHN G. MATEER, M. D.

HENRY FORD HOSPITAL, DETROIT, MICHIGAN.

From the standpoint of diagnosis any large group of peptic ulcer cases may be divided into four sub-groups. The first, and much the largest group, includes those cases in which there is not only clinical evidence of peptic ulcer, but also definite X-ray evidence localizing the ulcer in the duodenum. Of a series of 302 cases of peptic ulcer 214, or 70.9 per cent, fell into this group of simple duodenal ulcers without pyloric obstruction.

The second group comprises those cases in which there is clinical evidence of ulcer and direct X-ray evidence that the ulcer is located within the stomach—for example, ulcer niches, craters or accessory pockets. This group includes 36 cases, or 11.9 per cent.

In the third group are included those cases with clinical, laboratory, and x-ray evidence of ulcer complicated by benign pyloric obstruction, 22 cases, or 7.3 per cent, fell into this group. In the majority of such cases the inflammatory swelling or the mass of scar tissue has developed from an ulcer located on the duodenal rather than the gastric side of the pylorus.

In the fourth and final group are collected the 30 cases, or 9.9 per cent, in which there was no direct, localizing X-ray evidence, and in which the diagnosis was largely based upon the characteristic ulcer history. In some of the 30 cases in this last small group there was in addition to the history supporting indirect X-ray evidence, blood in the stools, etc. The majority of these cases which failed to show localizing X-ray evidence were almost certainly located in the stomach proper rather than in the duodenum.

In this study we have considered only the first of these four groups, viz., the group of ulcers in which there is definite X-ray evidence localizing the ulcer in the duodenum, and in which the ulcer is not complicated by pyloric obstruction. We have attempted to carefully analyze from the standpoint of diagnosis 140 of the 214 cases in this group. Before discussing the diagnostic criteria it is interesting to note the sex and age incidence. Seventy-six per cent occurred in men—or approximately three out of every four cases. The average age of these patients at the time of admission to the hospital was 38.8 years, with the limits of variation from 20 to 72 years. 80 per cent were between 20 and 50 years of age.

*Read before the Medical Section of the Michigan State Medical Society, Grand Rapids, September, 1923.

As regards the symptomatology of duodenal ulcer, the most constant and much the most important symptom, in fact the most important diagnostic evidence of any sort, is the characteristic type of epigastric pain or distress. Definite "pain" was present in 89 per cent of the cases; and more or less characteristic ulcer "distress" referred to the epigastrium was present in the remaining 11 per cent. As a rule the pain was sharply localized in the mid-epigastrium, although some localized it a little to the right of the midline. In 18 per cent there was a radiation of this pain to the back. The important and characteristic features of the pain are, however, the conditions under which it develops, the manner in which it can be relieved, and its periodicity. These features are practically constant in all uncomplicated duodenal ulcer cases, whether the patient defines his epigastric discomfort as true pain or as distress.

In the first place ulcer pain is characterized by occurring an appreciable time after the intake of food—usually from one to three hours, or during the height of gastric digestion. Sixty-one per cent of these duodenal ulcer patients began to develop their pain 2 to 3 hours after meals, 20 per cent as late as 3 to 4 hours, and 19 per cent as early as 1 to 2 hours after intake of food. This moderate variation in the time of onset of pain can probably be explained by variations in the quantity and character of the food ingested. Ulcer pain does not necessarily occur after every meal. In the milder cases there is often no pain after breakfast; and in the more severe cases in which there is ulcer pain the latter part of the morning, the pain is often less marked than in the afternoon. In many cases the afternoon pain also tends to be more annoying than that after the evening meal. After its initial appearance ulcer pain tends to steadily increase until it reaches a maximum 3 to 4 hours after meals. Its intensity then remains unchanged for a time, after which it gradually tends to subside as the stomach empties.

It is an important fact that ulcer pain is quite constantly absent when the stomach contains no food and retains only the normal secretions found in the fasting stomach. Pain occurring during the night in an ulcer case suggests either complication with pyloric obstruction or else a simple interference with the normal resting phase of the stomach with accumulation of gastric secretions. Twenty-four per cent of the duodenal cases without demonstrable gastric obstruction gave a history of pain during the course of the night.

In the second place the pain in duodenal

ulcer is characterized by the fact that it is quite constantly relieved by the intake of food or alkali. Ninety-three per cent of these patients gave a history of definite, temporary relief of pain by intake of food. Of the remaining 7 per cent practically all had failed to try the effect of food during periods of pain because they had found such satisfactory relief from taking sodium bicarbonate. Fifty-two per cent of the entire group had discovered this method of relief by alkali. As regards other methods of relief, 13 per cent had noted relief from vomiting, and 4 per cent from reclining.

The third important characteristic of the pain in simple duodenal ulcer is its periodicity. The individual attacks of pain vary in duration from several days to several weeks or months, and alternate with periods varying from several months to one year of usually complete freedom from symptoms. The average duration of a single attack in this series of cases was about five weeks. In untreated cases there is a gradual tendency for the periods of pain to become progressively longer and the pain more marked.

As regards the total duration of the recurring periods of pain previous to our first contact with these patients, there was a variation from 1 month to 35 years. The average duration of symptoms was 7.3 years. Subtracting this period from the average age of these patients when first seen, viz., 38.8 years, it is noted that the average age of onset of symptoms was 31.5 years.

It is common knowledge that a bona fide history of either hematemesis or of gross blood in the stools is a very important point in the diagnosis of peptic ulcer, especially if associated with other evidence of this condition. A history of hematemesis was obtained, however, in only 13 per cent of these cases, and a history of melæna in only 16 per cent. Belching of gas and bloating, symptoms which are recognized as important and conspicuous in chronic cholecystitis and chronic appendicitis, are often overlooked in the history of ulcer patients because they are not of aid in differential diagnosis. Belching of gas was a definite symptom in 58 per cent of this group, and more or less bloating was noted in 45 per cent. Nausea was present in 38 per cent, but vomiting in only 22 per cent of the cases—and then only occasionally. This is quite in contrast to the high incidence and the character of the vomiting in cases complicated by pyloric obstruction.

The accuracy of the history can be corroborated and its value greatly enhanced by conducting a period of study and observation of the patient's epigastric pain, as advocated by Sippy,

using his "control tests" and noting whether the epigastric discomfort develops and disappears under conditions consistent with ulcer distress. This method of study not only affords evidence of the presence of peptic ulcer and reduces the percentage of error in diagnosis to a minimum, but it also affords evidence as to whether the patient's distress is due to ulcer. This latter information is of obvious value—particularly in cases in which there is evidence that other gastro-intestinal pathology is present.

As regards the physical examination, localized, epigastric tenderness was present in 53 per cent of the cases. In some the tenderness was quite marked, in others only slight or moderate in degree. Epigastric tenderness is very commonly present in chronic appendicitis, (which condition is often incorrectly diagnosed as peptic ulcer), and not infrequently present in chronic cholecystitis. In these conditions, however, there is apt to be associated localizing tenderness over Morris' and McBurney's points, or in the gall bladder region.

In the diagnosis of peptic ulcer, roentgenological studies we believe rank second to the clinical history and the confirmatory tests above noted. The X-ray studies usually not only corroborate and fortify the clinical impression of ulcer, but they also localize the ulcer in the duodenum or stomach, aid in the detection of pyloric obstruction, and, if the ulcer is in the stomach, determine its size, shape and exact location. This additional information is of obvious value in the treatment of the individual case. As already pointed out, we have been able in 90.1 per cent of the total series of 302 cases of peptic ulcer to demonstrate direct, localizing X-ray evidence; and helpful indirect X-ray evidence has been present in some of the remaining 9.9 per cent. In the group which we are considering at this time there was quite definite evidence of localization of the ulcer in the duodenum in every case.

The localizing X-ray evidence of duodenal ulcer consists either in the demonstration of a persistent deformity of the triangular-shaped duodenal bulb, or else of a persistent failure of the bulb to fill out at all with barium. In 96 per cent of this group of duodenal ulcer cases it was possible to fill out the bulb with barium sufficiently to demonstrate a deformity. The deformity of the bulb is due to intrinsic spasm in the great majority of cases, rather than to scar tissue deformity, or to an ulcer crater—such as one commonly sees in the case of gastric ulcer. The fact that the wall of the duodenum is thinner than that of the stomach explains why the former is more susceptible to spasm, and also why the actual ulcer

craters are usually more shallow in the duodenum and more difficult to demonstrate.

Before one can definitely interpret a bulbar deformity as being due to intrinsic ulcer spasm it is necessary to rule out the possibility of extrinsic bulbar spasm secondary to appendiceal irritation or gall bladder disease. Extrinsic spasm will usually relax with proper manipulation, or after waiting 10 to 20 minutes. If there is any doubt it is wise to repeat the examination after giving atropine up to the physiological dose. This affords a very complete relaxation of extrinsic spasm, but does not relax intrinsic ulcer spasm. The persistence rather than the size of the deformity is the important criterion of intrinsic spasm.

In very occasional cases the bulbar deformity may be due to extensive ulcer, scar-tissue formation in the wall of the bulb, which may cause a complete segmentation of the barium in the bulb. In some cases it is also possible to demonstrate a minute ulcer crater in the bulb. Although intrinsic bulbar spasm is, strictly speaking, indirect evidence of duodenal ulcer, it is almost always referred to as direct evidence, because it constitutes very reliable and localizing information.

The most helpful points of indirect X-ray evidence of duodenal ulcer are, (1) gastric hyperperistalsis, (2) six-hour gastric retention of at least one-fourth of barium meal, (3) gastric hypertonus, and (4) hypermotility of the head of the barium meal. Although not individually pathognomonic, various combinations of these findings have a gratifying confirmatory value in cases with clinical evidence, but no definite direct X-ray evidence. Using Carman's rather rigid criteria for hyperperistalsis we found this sign present in over 40 per cent of our cases. This phenomenon may not be present immediately after intake of barium meal, and will be missed in some cases unless observation be continued. The second sign was present in 10 per cent of this group of simple duodenal ulcers. In these particular cases there was evidence that the six-hour retention of barium in the stomach was mainly due to spasm at the pylorus rather than to inflammatory swelling or scar tissue obstruction. The third indirect X-ray sign, hypermotility of the head of the barium meal at the six-hour examination, was noted in 30 per cent of the cases; while the phenomenon of at least some degree of general hypertonicity of the stomach was noted in about 70 per cent.

Gastric analysis affords several types of evidence. In the first place examination of the fasting contents shows in many cases evidence of interference with the normal resting phase

of the stomach, with an appreciable increase in the volume and acidity of the fasting contents. There may also be evidence of blood in the fasting contents. In the second place fractional gastric analysis yields evidence of either a hyperacidity or a normal degree of acidity in 96 per cent of the cases. (See chart below). In the third place if patients are aspirated at the time of their epigastric pain it will be found, as pointed out by Sippy, that the acidity is usually higher than that of the specimen aspirated one hour after the Ewald Test Meal.

The following table very briefly summarizes the acidity findings with fractional gastric analysis, the exact type of curve being somewhat variable.

	Peak of free Hcl. curve	Percent. of duodenal ulcer cases
Group I.—Marked Hyperacidity	70—100%	27%
Group II.—Moderate Hyperacidity.....	40—70%	40%
Group III.—Normal Acidity	20—40%	29%
Group IV.—Subacidity	1—20%	4%

None of these cases of simple duodenal ulcer have shown a gastric anacidity. In the absence of pyloric obstruction the combined acid was, of course, low.

Occult blood in the stools was found in only 25.7 per cent of this series. This percentage would doubtless have been higher if therapy had been postponed until more stool specimens had been obtained and examined. A definite diagnosis was usually made on the basis of other data, and therapy started at once, without waiting to obtain more than one or two stool specimens. By examining a larger number of specimens others have reported occult blood in 50 per cent of duodenal ulcer cases. If stool specimens were examined over a long period of time, occult blood would probably be demonstrable at some time or other in a very high percentage of the cases. The chief practical value of stool examinations for occult blood in peptic ulcer cases has consisted in following the stools closely after patient is started on treatment, and noting whether the occult blood, if present, clears up under therapy.

Although this study has been concerned only with the diagnostic criteria, we may add briefly, in conclusion, that the plan of ulcer treatment which we have found most satisfactory consists:

1. In clearing up all focal infection and other possible etiological factors, so far as is possible;
2. In providing a period of rest in bed of four weeks' duration, with general upbuilding therapy during this period;
3. In local treatment of the ulcer, which has consisted essentially of the maintenance of complete and accurate neutralization of the free gastric acidity, while patient is on a milk diet with supplementary feedings; and

4. In regulating the habits of the patient after the month of intensive therapy.

FUNDAMENTALS IN PREVENTIVE MEDICINE*

ARTHUR F. FISCHER, M. D.
HANCOCK, MICHIGAN

Preventive Medicine was made possible, and is based on the scientific discoveries of the last seventy years which represent a long and glorious series of successes.

The eternal search dating from the time of the ancient Babylonians and Egyptians and through the ages carried on by the Greeks, Arabians, Moors, Romans and later races, always for the golden touchstone of cure has been gradually modified into the wonderful reality of prevention that we are enjoying today.

Pollender in 1849 saw the first germ causing disease—anthrax.

Pasteur, 1860, predicted that it was within the power of man to eliminate all contagious disease.

Lister in 1878, applied the knowledge to surgery.

Koch in 1882, discovered the *Bacillus Tuberculosis*, the cause of tuberculosis and caused the entire rebuilding of philosophy of medicine.

Ehrlich, 1885-90, unlocked the mysteries of immunity.

Vaughan, 1885 to date, outside of his wonderful scientific work simplified, classified and popularized the knowledge of infection and immunity.

These, with many others, have given us the wonderful status of the day.

As one by one various diseases were placed in the line of causative knowledge, we found that the application of methods of control soon reduced the death rate of these respective diseases. As medicine functioned as a science the advance of preventive medicine kept pace.

Preventive Medicine rests on the following facts:

1. The discovery of bacteria as the cause of disease.
2. The outlining of the principles of immunology that is the knowledge of the methods of our systems defenses against disease.
3. The recognition of the truism that many diseases can be prevented more easily than cured.

The fundamental principles of Preventive Medicine may be summed up in the following statements:

*Read before the Houghton County Medical Society, May 6, 1924.

I. The thorough understanding of the fact that the dissemination of contagious disease is by *contact*. Furthermore that this contact is primarily accomplished by the *hands of the well* coming in contact with the *excretions of the sick*, and after such contamination conveying the infection into their own bodies by permitting the fingers to be placed into their mouths, noses, or eyes. These latter three organs are covered with red or mucous membrane which will absorb bacteria. The skin will not absorb them, it is germ proof as long as it is unbroken.

II. Germs of contagious diseases are harbored only in the *bodies of man or animals*, while innumerable species of germs are present everywhere disease germs with few exceptions are found only in the bodies of relatively few human beings and animals and it is only where they are taken from these diseased bodies and *immediately* enter another body that they reproduce the disease. If they escape the affected bodies and do not enter another body at once their life is short even in water, milk or food with very few exceptions.

III. *The individual afflicted with a contagious disease* is the only source of the disease, therefore our entire energy should be centered upon him as the menace, and we must prevent him from spreading the disease. Any germs that have left his body and spread about are of no consequence unless directly entering another body. Therefore many measures of the past like cleaning streets, back yards, privies, alleys, while appealing to our aesthetic sense, are useless as direct prevention of disease.

IV. *Carriers and missed cases* are next in importance to the cases of frank sickness. The search for these is no small portion of our work as they are a serious menace and often very difficult to discover.

V. *Infection by air route* is practically impossible, the germs themselves have no method of locomotion or travelling. Disease germs entering or deposited on any other medium than a living animal body soon die. This further emphasizes that our work must be centered on avoiding contact.

VI. *Isolation of all contagious disease*. This to be accomplished by institutional methods, but more intensively by education. Making laws is ineffective. We must teach every individual the principles involved.

VII. *This necessitates early diagnosis*. By the time the doctor sees the case it is usually too late to prevent the spread, for unfortunately the early period is often very contagious. The public must be taught the "alarm symptoms" so they may be in a position to look for help at

the beginning. Every school should give courses with examination and credits covering the subjects of "How to Keep Well" "Home Nursing" and "Every Day First Aid."

VIII. *Individual not community*. The older ideas of Public Health are superseded by the newer and more powerful conception, the concentrating of our thought on the health of the individual. A community is only well and healthy in so far as their individuals are well and healthy.

IX. *Inventory or surveys* must precede all organized health work. We must first know what we have in a community before we can advise measures. Such an inventory can only be made possible by systematic annual personal health examinations. "*Have a health examination on your birthday.*"

X. Statistics for United States:

110,000,000 population.
45,000,000 physically imperfect.
1,500,000 die annually.
750,000 die of preventable diseases.
1,000,000 cases of tuberculosis.
100,000 deaths from tuberculosis.
37,500,000 fairly healthy.
20,000,000 in full vigor.
3,000,000 on the daily sick abed list.
3 out of every 100 are ill on any one day.
\$1,000,000,000 a year cost to United States to be sick, or \$500,000 per hour.

XI. Statistics to prove the efficiency of preventive measures:

1. Tuberculosis.

1900 death rate, 181 per 100,000 in U. S.
1921 death rate, 100 per 100,000 in U. S.
1923 death rate, 90 per 100,000 in U. S.

In Framingham, Mass., where especial efforts were made for years, the death rate was reduced to 40 per 100,000. In the United States we see the death rate on tuberculosis, which had received the benefit of specific preventive work, reduced to 90 per 100,000, while the general death rate for the last twenty years was reduced only 47 to 100,000.

2. Typhoid Fever.

1909-1914—U. S. Army preventive inoculation compulsory—1 death.
1909-1914—Country at large, typhoid death rate, 16.5 per 100,000.

3. Diphtheria.

1893—Death rate, 115 per 100,000 population.
1923—Death rate, 15 per 100,000 population.

4. Panama Canal.

Under French control, 170 per 100,000 death rate.
Under U. S. control, General Gorgas, 8.9 per 100,000.

XII. Statistics of School Children in Houghton County:

Number of children in schools	25,000
Number that failed to make the grade	2,500
Cost per year to educate a child	\$50
Cost per year to county for grade failure	\$125,000

Most grade failures are due to preventable or correctable conditions.

XIII. *The Preventorium Clinic.*

From the above it naturally follows that in this county we must establish some practical measure to meet the demands of these newly found obligations. Society has progressed beyond the point, where it is willing to permit only the survival of the fittest. We believe in reversing this into the slogan *fitting the least for survival* by training him to the higher health standard. *The Preventorium Clinic will be the clearing house to accomplish this.* Furthermore we believe that it should be accomplished by having the public supply the funds. The readiest means at hand being the Christmas Seal Sale conducted annually by the Houghton County Anti-Tuberculosis Society. The last year's Seal Sale provided the funds for the carrying out of this undertaking this coming summer.

XIV. *Tabulation of Program for Preventorium Clinics:*

1. Estimation of anatomical corrections.
 - a. Tonsils, adenoids, sinusitis.
 - b. Teeth.
 - c. Mechanical difficulties.
 - d. Eyes and ears.
2. Physiological corrections.
 - a. Dietary errors.
 - b. Detecting deficient hearts, kidneys, livers, etc.
 - c. General measures.
3. Investigating sequelae of preventable diseases.
 - a. Goitre.
 - b. Contagious diseases.
4. Education.

XV. *Conclusion.* We have tried step by step to develop for you the principles underlying our progress in prevention of disease, furthermore we have established a practical plan by which this can be accomplished. We ask you in turn to give us the same support that has always characterized the people of this country when they once grasped the importance of a step in the direction of promoting health. In conclusion, allow me to read you a Persian tale.

BETTER THAN RICHES

There was once a rug-maker of Persia noted for the beauty of his work, and his name was Ali Ben Sahrab.

Many buyers came and waited for him, knowing that his rugs were good; while the merchants in the market-place despised the poor weaver who had little to sell, though the little was of the finest quality.

Once late at night, as he bent lovingly over his loom these merchants came secretly to him, saying: "Why do you waste so much time over each small rug when you might make many and sell to us at a great profit?"

And Ben Sahrab answered with the wisdom of Solomon: "A good deed is better than riches, and service is above silver or gold. I am content."

MERCUROCHROME-220 SOLUBLE INTRAVENOUSLY IN CHRONIC GONORRHEA AND ITS COMPLICATIONS

Willis A. Whitman, Columbus, Ohio, (Journal A. M. A., June 14, 1924), used a freshly prepared 1 per cent solution of mercurochrome-220 soluble in distilled water in 10 cases. Two hours after administration, the presence of mercurochrome could be demonstrated in the saliva, tears, blood serum, gastric contents, feces and urine. In ten of the cases cited, nine patients had positive gonorrheal smears, at some time, while under care, and all gave typical histories. The shortest case history was two months, and the longest, sixteen months. The average total amount of mercurochrome administered was 9.6 mg. per kilogram of body weight. The average time required for the complete disappearance of pus, in cured cases, was eight days. Six patients were discharged as cured, at the expiration of mercurochrome therapy. In two cases, a brief resumption of local antiseptics (eight and eleven days, respectively) was necessary, while the two remaining patients are still under local treatment. The rapid subsidence of symptoms in all, and the abrupt termination of symptoms in some cases, was almost incredible. The results obtained are ascribed not only to the germicidal action of the mercurochrome, but, probably, as well to the inhibiting influence of the continued high temperature of reaction.

ARTIFICIAL LIGHT THERAPY IN TUBERCULOSIS

Under the influence of light, the blood in rickets shows an increased phosphorus content, and calcium deposition in the epiphyses of the long bones readily take place. The blood in tetany shows an increased calcium and phosphorus content and, clinically, the disappearance of such symptoms as carpopedal spasms, laryngospasms and convulsions after a few exposures to quartz mercury vapor radiations. Lupus vulgaris of the skin is healed by combined local and general light exposures in almost 90 per cent of cases. Extrapulmonary tuberculosis in many forms yields to treatment with sunlight and artificial light radiations. These results have been so clear cut in a large number of cases and yield so much promise that Edgar Mayer, Saranac Lake, N. Y. (Journal A. M. A., June 14, 1924), feels that a knowledge of light and its clinical applications has become a requisite not only of the physiotherapist, but also of the general practitioner. He reviews his experience during six years and discusses physical characteristics of light, protochemical action of separate regions of the spectrum; action of ultraviolet rays on protoplasm; the physiologic action of light; the skin as an organ; and quartz mercury vapor and carbon arc lights. Brief reference is made to the use of light, more especially the mercury quartz, in intestinal tuberculosis; hilum tuberculosis; superficial tuberculosis and lupus vulgaris.

Preliminary Program of the 104th (59) Annual Meeting of the Michigan State Medical Society, Mt. Clemens, Mich., September 9, 10 and 11, 1924

OFFICIAL CALL

The Michigan State Medical Society, the Council and the House of Delegates will convene in annual session in Mt. Clemens on September 9, 10 and 11, 1924, for the transaction of such business and scientific deliberation as may properly come before the Society and as provided by its Constitution and By-Laws.

J. B. JACKSON, Chairman of the Council.
GUY L. CONNOR, President.

Attest: F. C. WARNSHUIS, Secretary.

THE COUNCIL

September 9 Meeting—12 m. and 5 p. m.

September 10 Meeting—12 m.

September 11 Meeting—12 m.

J. B. Jackson, Chairman.

HOUSE OF DELEGATES

Carl Moll, Speaker, Flint.

J. E. King, Vice-Speaker, Detroit.

F. C. Warnshuis, Secretary, Grand Rapids.

FIRST SESSION

TIME: September 9, 2:00 P. M.

1. Call to Order and Roll Call.
2. Speaker's Address—Carl F. Moll, Flint.
3. President's Remarks—Guy L. Connor, Detroit.
4. Appointment of Business Committee.
5. Election of Nominating Committee.
6. Report of Committee on Revision of the Constitution and By-Laws.
Chairman—J. G. R. Manwaring, M. D., Flint.
7. Recess.

SECOND SESSION

TIME: September 9, 7:15 P. M.

1. Call to Order.
2. Annual Reports:
 - (a) The Council—J. B. Jackson, Kalamazoo.
 - (b) Committee on Tuberculosis—W. H. Marshall, Flint.
 - (c) Public Health—C. C. Slemons, Grand Rapids.
 - (d) Legislation—Hugh Stewart, Flint.
 - (e) Venereal Prophylaxis—A. P. Biddle, Detroit.
 - (f) Medical Education—B. D. Harrison, Detroit.
 - (g) Civic and Industrial Relations—Guy L. Kiefer, Detroit.
 - (h) Public Health Education—W. T. Dodge, Big Rapids.
 - (i) Delegates to American Medical Association.
3. New Business and Resolutions.
4. Adjournment.

NOTE:—Nominating Committee Duties—

- (a) Nominate four (4) Vice-Presidents.

- (b) Nominate Councillor to succeed Dr. W. H. Parks, 13th District, term expires.
- (c) Three delegates to American Medical Association and four alternates.
- (d) Nominate place for next Annual Meeting.
- (e) Custodians of the Ballot Box for President.

THIRD SESSION

TIME: September 10, 8:00 A. M.

1. Call to Order.
2. Reports of Business and Special Committees.
3. New Business.
4. Adjournment.

FOURTH SESSION

TIME: September 11, 8:00 A. M.

1. Call to Order.
2. Reports of Committees.
3. Report of Nominating Committee.
4. Unfinished Business.
5. Adjournment.

GENERAL MEETING

September 10, 1924—9:45 A. M.

Guy L. Connor, Detroit, President

1. Call to Order.
2. Invocation: Rev. D. H. Ramsdell, D.D., Methodist Church, Mount Clemens.
3. Address of Welcome—E. G. Folsom, M. D., President Macomb County Medical Society.
4. Response—President Connor.
5. Announcements:
 - (a) Committee on Arrangements.
 - (b) House of Delegates.
6. President's Annual Address—Guy L. Connor, Detroit.
7. Address—"Science and Superstition."
Prof. W. D. Henderson,
University of Michigan.
8. Nominations for President.
9. Resolutions.
10. Adjournment.

SECOND GENERAL SESSION

TIME: September 10th, 7:15 P. M.

1. Call to Order by the President.
2. Music—Vocal Solo.
3. "Our Hospital Obligations" (15 minutes).
Geo. L. FeFevre, President State Board of Registration.
4. Address—"The Profession's Relations to the Public."
William D. Haggard, President-elect American Medical Association, Nashville, Tenn.
5. President's Annual Reception.

THIRD GENERAL SESSION

TIME: September 11th, 1:15 P. M.

1. Call to Order.
2. Report from House of Delegates.
3. Introduction of President-elect.

Scientific Section Programs

NOTE:—Chairmen will convene their Sections promptly on the hour designated. Members are requested to co-operate and avoid delay.

Papers presented before Sections become the property of the State Society and cannot be published in other Journals.

Manuscripts are to be typewritten, double spaced and are to be handed to Section Secretaries.

Scientific Program

(**NOTE:**—This afternoon's Session will be a Joint Meeting of all the Scientific Sections.)

1. "General Infections by Bacteria."

Emanuel Libman, M. D., New York City.

Presentation of Clinical Cases.

Discussants:

L. H. Warfield, Ann Arbor—General Medicine.
R. R. Smith, Grand Rapids—Surgery.
Don Campbell, Detroit—Ophthalmology and Oto-Laryngology.
Reuben Petersen, Ann Arbor—Gynecology.
Guy L. Kiefer, Detroit—Public Health.

OPHTHALMOLOGY AND OTO-LARYNGOLOGY

Chairman—Wm. G. Bird, M. D., Flint.

Secretary—B. N. Colver, M. D., Battle Creek.

FIRST SESSION

September 9—9:00 A. M. to 12 M.

Dry Clinic, Harper Hospital, Detroit.

Under the direction of Dr. George E. Frothingham from twelve to fifteen selected cases will be presented by various men, giving the clinical history, the examination findings, the medical or surgical care, and indicating complications and end results, with the presentation of the patient.

The various men who attend the First Session will lunch in Detroit immediately at the conclusion of the Clinic. Following the lunch, the members and guests will go by motor to the Masonic Country Club, sixteen miles north of Detroit, and four miles south of Mt. Clemens.

SECOND SESSION

September 9—3 P. M. to 6 P. M.

Post-Graduate Lectures.

Masonic Country Club, Mt. Clemens, Michigan.

- 3:00 to 3:40—"Etiology, Diagnosis and Management of Early Cataract."
Dr. Edward Jackson, Denver, Colo.
- 3:45 to 4:25—"Demonstration of a New Portable Apparatus for Testing Air and Bone Conduction."
Dr. F. W. Kranz, Geneva, Ill.
- 4:35 to 5:15—"Nasal Sinuses, with Lantern Slides."
Dr. J. A. Cavanaugh, Chicago, Ill.
- 5:20 to 6:00—"Major and Minor Neuralgias of the Head," with lantern illustrations.
Dr. John F. Barnhill, Indianapolis, Ind.

SECTION DINNER—7:30 P. M.

Arrangements have been made for an informal great value from a social and recreational standpoint. The use of the golf course and of the bathing beach Dinner at the Masonic Country Club. All members of the Section are urged to attend. This is an innova-

tion in our Section, but we believe that it will be of has been secured for those who wish to enjoy them. Any of the visiting ladies who wish to spend a part of either of the days of the meeting in Detroit, can get back and forth easily by interurban.

GENERAL MEETING, OPENING SESSION, WEDNESDAY, SEPTEMBER 10, 9:15 A. M.

All members of the Section are urged to be present at the General Meetings. No Section work is planned for the forenoon. Details of the Session program are given under the General Meeting.

THIRD SESSION

September 10, 1:15 P. M. to 4:00 P. M.

Address of the President.

Report of Committees.

Naming of New Committees.

Election of Chairman, 1 year, Secretary for 2 years.

Round Table Discussion.

Under the direction of Dr. D. Emmett Welsh, Grand Rapids (Eye), and Dr. Charles H. Baker, Bay City, (Ear, Nose, Throat).

In accordance with the plan followed at the 1923 meeting at Grand Rapids, the discussion will be carried on so as to bring out as many practical points as possible, with the hope that the entire membership of the Section will enter into a lively, informal discussion. There will be no record kept for publication. The value of last year's experience meeting insures a good attendance and enthusiastic co-operation.

At this meeting opportunity will be given for the presentation of instruments and of pathological specimens.

General Meeting, Public Session 7:30 P. M.

President's Reception 9:00 P. M.

Details of these activities are given under the General Meeting.

FOURTH SESSION

Thursday, September 11, 9 A. M. to 12 M.

Election of Officers.

1. "Systemic Causes of Deafness."

Dr. Don Campbell, Detroit.

Discussant:

Dr. John M. Carter, Detroit.

2. "Sinusitis a Cause for Unsatisfactory Results in Tonsil and Adenoid Operations in Children," with lantern slides.

Dr. Roy A. Barlow, Madison, Wis.

Discussant:

Dr. J. S. Wendel, Detroit.

3. "Diagnosis of Foreign Bodies in the Bronchi and Lungs in Infants and Children," with lantern slide demonstration.

Dr. Russell S. Rowland, Detroit.

Synopsis: The importance of the history, signs and symptoms as well as Roentgen Ray and endoscopic examination. Pathology; physical signs; newer development in Roentgen Ray examinations. The importance of early diagnosis in the treatment of these conditions.

Discussant:

Dr. H. Lee Simpson, Detroit.

4. Subject to be announced.

Dr. A. C. Furstenberg, Ann Arbor.

Discussant:

5. "Irremovable Foreign Bodies in the Eye."

Dr. Geo. Slocum, Ann Arbor.

Discussant:

Dr. Edward Jackson, Denver Colo, (By invitation.)

GENERAL MEETING CO-JOINT SECTION SESSION

Thursday, Sept. 11, 1:15 to 4:30 P. M.

"General Infections by Bacteria."

Dr. Emanuel Libman, New York City.

Discussants:

1. Dr. S. H. Warfield, (General Medicine.)
2. Dr. Richard Smith, (Surgery.)
3. Dr. Reuben Petersen, (Gynecology and Obstetrics.)
4. Dr. Don Campbell, (Ophthalmology and Oto-Laryngology.)
5. To be announced. (Pediatrics.)
6. Dr. Guy Kiefer, (Public Health.)

SECTION ON SURGERY

Chairman—Henry J. Vandenberg, Gd. Rapids.

Secretary—A. C. Blakeley, Flint.

FIRST SESSION

September 10, 1924—1:15 P. M.

Chairman's Address.

Henry J. Vanden Berg, Grand Rapids.

1:30 p. m.

"Roentgen Ray Treatment of Thyrotoxicosis, with Report of Cases."

Dr. C. D. Chapell, Flint, Mich.

A comparison of fifty cases treated by X-ray, some of which have been treated surgically and some medically, others by the Roentgen Ray.

Discussants:

- Dr. L. R. Himelberger, Flint, Mich.
Dr. Hickey, Ann Arbor, Mich.
Dr. Louis M. Warfield, Ann Arbor, Mich.
Dr. Richard R. Smith, Grand Rapids, Mich.

2:00 p. m.

"Studies in the Technique and Clinical Application of Sex Gland Transplantation."

Dr. Max Thorek, Chicago, Ill.

Discussants:

- Dr. A. W. Hornbogen, Marquette, Mich.
Dr. A. F. Jennings, Detroit, Mich.
Dr. T. A. McGraw, Detroit, Mich.

2:30 p. m.

"Treatment of Cancer of the Large Intestine."

Dr. Walter E. Sistrunk, Rochester, Minn.

Discussants:

- Dr. Max Ballin, Detroit, Mich.
Dr. John N. Bell, Detroit, Mich.
Dr. Louis J. Hirschman, Detroit, Mich.

GENERAL MEETING, OPENING SESSION, WEDNESDAY, SEPTEMBER 10, 9:15 A. M.

All members of the Section are urged to be present at the General Meetings. No Section work is planned for the forenoon. Details of the Session program are given under the General Meeting.

SECOND SESSION

September 11th—9:00 A. M.

Election of Chairman.

"Sterilization in the Feeble-Minded."

Dr. H. E. Randall, Flint, Mich.

Discussants:

Dr. C. D. Camp, Ann Arbor, Mich.

Dr. G. F. Inch, Kalamazoo, Mich.

9:30 a. m.

"Hematogenous Staphylococcus Infections of Various Organs Arising from Infected Foci in the Skin."

Dr. D. B. Phemister, Chicago, Ill.

Synopsis: The most important normal habitat of the staphylococcus is the skin. It is present in most skin infections. Hematogenous infections in various organs and of varying degrees of severity arise from its entrance into the blood stream from the skin lesion. The relationship between the skin lesion and that in a distant organ or part is frequently overlooked. The establishment of a history of a preceding cutaneous infection is of assistance in the diagnosis of staphylococcus infections of various parts of the body.

Discussants:

Dr. Udo J. Wile, Ann Arbor, Mich.

Dr. Charles C. Jennings, Detroit, Mich.

10:00 a. m.

"Etiology and Prevention of So-Called Catheter Cystitis."

Hugh Cabot, Ann Arbor, Mich.

Discussants:

Dr. H. W. Plaggemeyer, Detroit, Mich.

Dr. W. F. Martin, Battle Creek, Mich.

10:30 a. m.

"The Surgical Treatment of Angina Pectoris."

Dr. Walter Vaughan, Detroit, Mich.

GENERAL MEETING CO-JOINT SECTION SESSION

Thursday, Sept. 11, 1:15 to 4:30 P. M.

"General Infections by Bacteria."

Dr. Emanuel Libman, New York City.

Discussants:

1. Dr. S. H. Warfield, (General Medicine.)
2. Dr. Richard Smith, (Surgery.)
3. Dr. Reuben Petersen, (Gynecology and Obstetrics.)
4. Dr. Don Campbell, (Ophthalmology and Oto-Laryngology.)
5. To be announced. (Pediatrics.)
6. Dr. Guy Kiefer, (Public Health.)

Discussants:

Dr. De Haas, Detroit, Mich.
 Dr. J. G. R. Manwaring, Flint, Mich.
 Dr. H. F. Collier, Ann Arbor, Mich.

11:00 a. m.

"The Drive of Civilization, Disease and Decadence."
 Jos. Rilus Eastman, Indianapolis, Ind.

Discussants:

Dr. A. W. Crane, Kalamazoo, Mich.
 Dr. W. T. Dodge, Big Rapids, Mich.
 Dr. J. H. Kellogg, Battle Creek, Mich.

GENERAL MEDICINE

Chairman—Bruce C. Lockwood, Detroit.

Secretary—Frank J. Sladen, Detroit.

September 10th—1:15 P. M.

1. Chairman's Address.
 "Thoughts on the Modern Methods of Diagnosis and Treatment of Digestive Diseases."
 B. C. Lockwood, Detroit, Mich.
2. Subject to be announced.
 E. L. Eggleston, Battle Creek, Mich.
3. "Lead Poisoning."
 Douglas Donald, Detroit, Mich.
4. "Syphilis of the Lung."
 C. F. Karshner, Grand Rapids, Mich.
5. "Resuscitation from Electrical Shock."
 W. L. Finton, Jackson, Mich.
6. "Sympathectomy for Angina Pectoris."
 A. F. Jennings, Detroit, Mich.
7. Subject to be announced.
 Emanuel Libman, New York City.

September 11th—9:00 A. M.

8. "Digitalis, Its Uses and Abuses."
 John L. Chester, Detroit, Mich.
9. "Hypothyroidism and Its Relationship to Chlorotic Anaemia."
 L. M. Warfield and I. W. Greene, Ann Arbor.
10. "Chronic Alkalosis."
 F. J. Sladen, Detroit, Mich.
11. "Clinical Significance of Jaundice."
 M. A. Blankenhorn, Cleveland, Ohio.
12. "Hemolytic Jaundice."
 C. D. Aaron, Detroit, Mich.
13. Subject to be announced.
 A. W. Crane, Kalamazoo, Mich.

General Meeting, Public Session7:30 P. M.

President's Reception9:00 P. M.

Details of these activities are given under the General Meeting.

GYNECOLOGY AND OBSTETRICS

Chairman—Walter Manton, Detroit.

Secretary—A. E. Catherwood, Detroit.

FIRST SESSION

September 10—1:15 P. M.

1. "Cancer of the Cervix. Treated with Heat and 'Starvation Ligature.'"
 G. VanAmber Brown, Detroit, Mich.
 Synopsis: Carcinoma is more vulnerable to the application of heat than to any other known

agent. The use of low degrees of heat is particularly applicable to the treatment of Carcinoma of the Cervix. The value of the heat treatment is enhanced by combining it with the "Starvation ligature." This is especially indicated in the so-called inoperable and incurable cases of cancer of the uterus.

2. "Further Study of the Use of the Phloridzin Test in the Early Diagnosis of Pregnancy."

L. W. Hayes, Detroit, Mich.

Synopsis: A discussion of the different results obtained by different workers with this test. The importance of a definite technique, and a summary of fifty cases.

3. Subject to be announced later.

Miles F. Porter, Jr., Detroit, Mich.

SECOND SESSION

Election of Chairman.

September 11th—9:00 A. M.

1. "The Bony Pelves of American Colored Women."
 R. W. Alles, Detroit, Mich.

Synopsis: The comparison of the measurements of such pelvis with those of the average white woman.

The potential insufficiency of such pelvis during childbirth.

2. "Some Problems in Gynoplastic Surgery."
 Alexander M. Campbell, Grand Rapids, Mich.

Synopsis: There is a need of a more intimate knowledge of the anatomy of the pelvic fascia and the muscles of the pelvic floor. Demonstration of a dissected female pelvis. Surgical management of Cystocele and Rectocele. Lantern slides demonstration.

3. "The Management of Second Stage of Labor."

Robert B. Kennedy, Detroit, Mich.

Synopsis: The diagnosis of beginning of second stage. Indications for operative proceedings. Indications for forceps. Application of forceps and advantages of the different types. "Prophylactic Forceps." Indications for episiotomy and method of repair. Lantern slides demonstration.

PUBLIC HEALTH

Chairman—W. DeKleine, Saginaw.

Secretary—R. C. Stevenson, Flint.

FIRST SESSION

September 10th—1:15 P. M.

The afternoon Section meeting Wednesday, the 10th, will be held with the Pediatric Section. This is not a Joint Meeting, as the Program, with the exception of one of the discussants, was prepared by the Pediatric Section. Because of the subjects of interest in Child Welfare and Dentistry on this program, and because of the small attendance at the Public Health Section, it was thought wise to combine in this way.

SECOND SESSION

September 11th—9:00 A. M.

1. Chairman's Address: "The Health Officer's Objective."
 William DeKleine, Saginaw, Mich.
2. "Trend of Health Education Among School Children."
 Mary Chayer, R. N., Saginaw, Mich.
3. "A Method for the Prevention of Communicable Diseases Among School Children."
 R. C. Mahaney, Owosso, Mich.
4. "The Practical Application of Mental Hygiene."
 A. Adams Jacoby, Detroit, Mich.

PEDIATRICS

Chairman—F. J. Larned, Grand Rapids.

Secretary—R. M. Kempton, Saginaw.

FIRST SESSION

September 10—1:15 P. M.

1. "Infantile Tetany with Report of Case."
Edwin P. Russell, Ann Arbor, Mich.
2. "Adolescent Rickets with Report of Case."
David J. Levy, Detroit, Mich.
3. "Human Milk: Factors Which Affect Its Production."
B. Raymond Hoobler, Detroit, Mich.
4. "The Value of Quartz Light Therapy in Pediatrics."
J. P. Parsons, Ann Arbor, Mich.
5. "Remarks on Infant Feeding."
Walter H. O. Hoffman, Chicago, Ill.

SECOND SESSION

Election of Chairman.

September 11—9:00 A. M.

1. Intra-Cranial Hemorrhage in the New-Born."
T. D. Gordon, Grand Rapids, Mich.
2. "Treatment of Pneumonia."
Russell S. Rowland, Detroit, Mich.
3. "Some X-Ray Studies in Rickets."
Preston M. Hickey, Ann Arbor, Mich.
4. "Dental Problems of Childhood from the Pediatric's Standpoint."
Lafon Jones, Flint, Mich.
(a) Discussion opened by Dr. Russell Bunting, Dental College, University of Michigan.
(b) Discussion continued by Dr. J. Orton Goodsell, Saginaw, Mich.
5. "Pulmonary Tuberculosis in Childhood."
Albert J. Bell, Cincinnati, Ohio.
6. Business Session and Election of Chairman.

DERMATISES DUE TO COSMETICS

The use of cosmetics has become, unfortunately, more and more common. What was once considered poor form is now the mode with the average woman, certainly in the cities. Most women paint; all of them use powders of different types. Consider for a moment, says H. N. Cole, Cleveland (Journal A. M. A., June 14, 1924), the different types of poisonous preparations that go into the manufacture of far too many of these preparations—lead, mercury, bismuth, arsenic, compounds or silver, salicylic acid, resorcinol, phenol bodies, pyrogalllic acid, nitric acid, calcium, barium, wood alcohol and, last but not least, paraphenylendiamin. If the public were conversant with these facts, how long would it take for the sales to drop enormously? Analysis of one hair dye showed that it contained 23 per cent of lead acetate. Severe inflammations have resulted from its use. The American Medical Association recently reported that, from another one of these nostrum hair dyes containing lead acetate, a case of lead neuritis and two cases of dermatitis of the forehead, neck and face have been reported. Lead also enters into the composition of certain face powders, a good example being lead carbonate, often called "flake white," a cheap face powder made of finely ground lead carbonate. This preparation has been guilty of numerous cases of lead intoxication. Mercury is another one of the dangerous metals used in the manufacture of cosmetics. It is employed variously—sometimes in hair dyes, like lead, but more often in face creams and skin bleaches. The American Medical Association Laboratory reports that in its analyses of bleaches and freckle lotions it has found mercuric chlorid in solution as high as 1:200, 28.2:1,000, 16.5:1,000 and 4:1,000. The metal bismuth enters more often into the preparation of so-called rice powders. Most of the so-called rice

powders recommended for the face by the beauty specialists contain little or no rice. La Wall, chemist for the Food and Dairy Commission of Pennsylvania, in sixteen examinations of so-called rice powders found only two to be pure. Six contained some rice, and the rest, talc, cornstarch, zinc oxid, chalk and bismuth subnitrate. Arsenic and other dangerous drugs find a place in cosmetics. Other drugs entering especially into the manufacture of hair tonics, are salicylic acid, resorcinol and phenol bodies. Wood alcohol often enters into the manufacture of hair tonics, as well as bay rum and toilet waters. Silver compounds and pyrogalllic acid enter mostly into the manufacture of hair dyes. They may endanger the patient in the same way as lead or mercury. The metals calcium and varium are employed in the manufacture of depilatories. The public has an idea that they are entirely harmless. Dermatologists have had numberless cases of dermatitis of the face or axillae from their use. The most dangerous drug of them all is paraphenylendiamin. Because it is so quick in its action, because it is so easily applied, runs a gamut of colors and penetrates deeply into the hair, it is still the common dye used in most cases. France, Germany and Austria have recognized its dangerous character and long ago prohibited its use; but they do not hesitate to manufacture it for export to America, where it is widely used for hair dyes and fur dyes. After coming in contact with the skin, this drug sets up a severe dermatitis, often vesicular in character, and this dermatitis may spread over the entire body. The dermatitis due to this drug is very persistent, often lasting for weeks and weeks. A new use for this dangerous chemical is in the form of a dainty little box containing a mirror, a small brush and a block paste, looking like stove enamel, used to stain the eyelashes and the eyebrows, going under the name of "trepine" (Mascara) and containing paraphenylendiamin. For the last year or so, it has been the mode to employ various widely advertised preparations to sleek down the hair. Cole has seen numerous cases of mild dermatitis of the face and neck, and occasionally of the hands, from their use. There is a great and alarming increase in the dermatoses due to these various cosmetic preparations. The question is raised by Cole: What are we as a section and as physicians to do to alleviate this evil? In the first place, as physicians, all of us, and especially the general practitioner, should warn our patients of the deleterious results and of the dangers arising from the use of patent hair tonics, hair dyes, face powders, creams, etc. This is getting at the source, and will be of inestimable value. Moreover, the American Medical Association has within its power the means of rendering great service to the public in giving warning of the danger from cosmetics. This can be done, first, through the American Medical Association press bulletin, and secondly, through the admirable journal, Hygeia, which should be in every American home. No such public spirited enterprise has ever before been offered to the American public. As a second means of combating this evil, is offered the possibility of protecting the public through proper legislation. This should include laws to enforce the placing of the names of all poisonous ingredients on the label. Moreover, laws prohibiting the use of the most harmful types of ingredients in cosmetics would be of great value; and to these there should be added a criminal liability to enforce recognition. And in the United States, as in many foreign countries, there should be a law prohibiting the use of paraphenylendiamin as a dye for hair and furs.

The Journal

OF THE

Michigan State Medical Society

ISSUED MONTHLY UNDER THE DIRECTION OF THE COUNCIL

PUBLICATION COMMITTEE

R. C. Stone, Chairman.....Battle Creek
B. R. Corbus.....Grand Rapids
J. D. Bruce.....Saginaw

Editor and Business Manager

FREDERICK C. WARNSHUIS, M. D., D. Sc., F. A. C. S.
Grand Rapids, Mich.

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The Society does not hold itself responsible for opinions expressed in original papers, discussions, communications, or advertisements.

Subscription Price—\$5 per year, in advance

AUGUST, 1924

Report Malpractice Threats Immediately to Doctor F. B. Tibbals, 1212 Kresge Building, Detroit, Michigan.

Editorials

ANNUAL MEETING, MT. CLEMENS,
SEPTEMBER 9TH, 10TH, AND 11TH

Our members and readers will find contained in this issue the preliminary announcement of the program for our annual meeting in Mt. Clemens on September 9th, 10th and 11th. Completed program and all the final details will be imparted in our September issue. At this time we urge that you note the dates of this meeting in your engagement book, or on your desk calendar and plan now to attend.

This preliminary program gives rich promises of a most interesting scientific meeting. The topics are timely and of practical interest. The profession of Macomb County are actively engaged in preparing for your entertainment and comfort. The features of entertainment and social comingling will be announced in the September issue. We have no hesitancy in stating that this Annual Meeting is going to be a most profitable and entertaining one. We urge now that you write for your hotel reservations. A list of Mt. Clemens hotels will be found elsewhere in this issue.

WOMEN'S MEDICAL AUXILLARY

Some three years ago a Woman's Auxiliary Medical Association was organized in Texas for co-operative work with the Texas State Medical Society. Its co-operative purpose was to aid the doctors in furthering the Association's interests and enhancing its relationship to the public. Its membership is composed of wives of physicians. Effective work was performed and splendid results were attained. These were soon recognized and other State Medical Societies caused the organization of several auxillaries. In 1923, these several state organizations met in San Francisco and organized a National Organization under the name of the American Medical Women's Auxillary Association. This national body federates the state organizations and mobilizes them for national activities. The purposes, and organization of these auxillaries have been endorsed and encouraged by the House of Delegates of the American Medical Association.

Let us consider for a moment the value to our State Society of such an auxillary. First, it organizes into a State Association the wives of our members who form County Auxillaries. Through them there is created an avenue and a force for approach and contact with the public. Through them and by them our problems, purposes and policies can be presented to women's clubs, parent-teacher associations, guilds, schools, churches and all women's lodges and organizations and the public receives intelligent enlightenment upon medical problems and activities. We also have a means for enlisting the public's support in all local, county and state legislation. There is thus created a strong, effective organization.

Second, such an organization will enhance our State Society, for the wives of our members will inspire new interest and activity on the part of their doctor, husband members.

Third, it establishes a contact that will enable us to effectively enlist public support and aid in our constructive efforts to improve professional practice in Michigan.

We believe Michigan will profit by reason of such an organization as have so many of our sister states. We believe the time is at hand for the perfecting of such an organization. With the session of our legislature this winter such an auxillary would be of definite value. Steps should be taken for the immediate organization of this auxillary in Michigan and formal organization be perfected at the Mt. Clemens meeting. To that end then do we urge the nomination of

County Organizing Committees composed of three wives of doctor members. Please send in the names of these volunteers and we will then arrange for their meeting in Mt. Clemens. Our members must perceive the value of such an auxillary. We urge that you induce your wife to be one of the volunteers in your county. Do it today.

WISCONSIN EXTENDS INVITATION

A cordial invitation has been extended to all members of the Michigan State Medical Society to attend the 78th Annual Meeting of the State Medical Society of Wisconsin at Green Bay, August 20, 21 and 22nd.

"Wisconsin believes that many Michigan members will find it very convenient to attend our Green Bay sessions and we will consider it indeed an opportunity and a pleasure to greet them," said Mr. J. G. Crownhart, secretary of the Wisconsin Society. "We hope that members of the Michigan Society will consider this a personal invitation from their many Wisconsin friends."

The scientific sessions will be held at the Bay View Beach Municipal Building. The session Wednesday morning, August 21st, will deal with the subject of "Cancer." The Wednesday afternoon program will include Lt. Col. Harry E. Gilchrist, M. C., U. S. A., who will discuss "The Use of Chlorine Gas in the Prevention and Treatment of Certain Respiratory Diseases, with Demonstration of the Chlorine Gas Ejector." The remainder of the afternoon program will be devoted to papers on ear, eye, nose and throat. A discussion of socio-medical questions will be held Wednesday evening at Hotel Northland.

The program on Surgery Thursday morning will include "Surgery of the Biliary Passages," by Dr. C. A. Hamann, Professor of Surgery and Dean of Western Reserve University, Cleveland. The afternoon program will be devoted to Internal Medicine and includes a paper on "The Modern Meaning of Billiousness. Its Diagnosis and Management," by Dr. Frank Smithies, Chicago. The annual banquet-dance will be held at Hotel Northland Thursday evening.

Friday morning, August 22nd, will be devoted largely to papers dealing with Goiter. Dr. George Crile, Cleveland, will present a paper on "Hyperthyroidism and Hyperacidity—An Analogy" and Dr. Justin M. Waugh, Cleveland, will discuss "The Importance of Early Recognition of Serious Esophageal Lesions." The afternoon program will include a paper on "The Diagnosis

and Significance of the Pathological Appendix" by B. H. Orndorf, Chicago.

Dr. R. C. Buchanan, Green Bay, will be glad to make any hotel reservations that may be desired.

UPPER PENINSULAR MEDICAL SOCIETY.

The above captioned society composed of members of the profession and of the State Society residing in the Upper Peninsula of our state will hold their Annual Meeting in Sault Ste. Marie on August 13th and 14th.

This society has been in existence for many years. Its meetings have always been an event for the profession of the Upper Peninsula. Its scientific programs have ever been of high standard and interest. The fraternal spirit predominates and characterizes each annual session.

Our Upper Peninsula members are not only reminded of but also urged to be present at this year's meeting which promises to be of especial interest.

MT. CLEMENS

Mount Clemens, the county seat of Macomb County, is the largest city in the county, having a population of about 12,000.

It is situated in the southeastern part of the county on the Clinton river, two miles from Lake St. Clair and twenty miles from Detroit (city hall to city hall).

Mount Clemens is world famous for its mineral waters. These waters are pumped from drilled wells over 1,000 feet deep and are considered the strongest minearalized waters so far discovered.

The treatment consists of taking baths in this mineral water and drinking water. People from all parts of the world visit Mount Clemens, seeking health, and to provide for these there are eleven bath houses and over a hundred hotels and boarding houses. Naturally, the baths is the chief industry of Mount Clemens and provides employment for hundreds of people. However, as industries of the factory type, we have the Mount Clemens pottery, controlled by Kresge interests, and National Candy and Sugar Factory, operating in season, each one employing several hundred people.

On account of close proximity to Detroit, and which is easily reached on account of excellent street car and bus services and by automobiles on account of the wide and well paved Gratiot road, hundreds seek employment there.

However, life in Mount Clemens is cosmopolitan. People are here from all parts of the country. Mount Clemens is a city of homes,

a majority of residents owning their own homes. These are exceptionally well kept up, as are the streets of the city, and all these combined with the excellent public utilities services—D. U. R. street car, buses, Edison Electric, city gas, telephones, sewage disposal, excellent city water from wells, schools—a new million dollar high school just being completed—churches, business places, etc., make an attractive and pleasant place to live, and accordingly Mount Clemens is having a steady growth.

V. H. Wolfson, M. D.

COMMITTEES FOR MICHIGAN STATE MEDICAL SOCIETY, MOUNT CLEMENS, SEPTEMBER 9-10-11- 1924

1.—Meeting Places

E. G. Folsom J. M. Croman, Jr.
V. H. Wolfson

2.—Hotels and Bath Houses

J. M. Croman, Jr. V. H. Wolfson
E. G. Folsom

3.—Entertainment

R. Ullrich H. Wiley
W. Kane T. P. Russell
A. A. Thompson G. F. Moore

4.—Reception

G. Perrson W. Norton
F. K. Lenfestey W. Kane
A. B. Allen R. Ullrich

5.—Ladies' Entertainment

S. B. Montique R. Greenshield
R. Turner C. E. Greene
A. J. Warren M. C. Cronin

6.—Exhibits

W. Norton G. F. Moore
A. J. Warren E. G. Miller
J. P. Letts J. E. Curlett

7.—Automobiles

M. Smith C. M. Mann
A. A. Thompson W. Kane
J. E. Curlett A. J. Warren

8.—Finance

J. M. Croman, Sr. H. G. Berry
A. B. Bower J. G. White
M. C. Cronin F. Scott

9.—Decorations

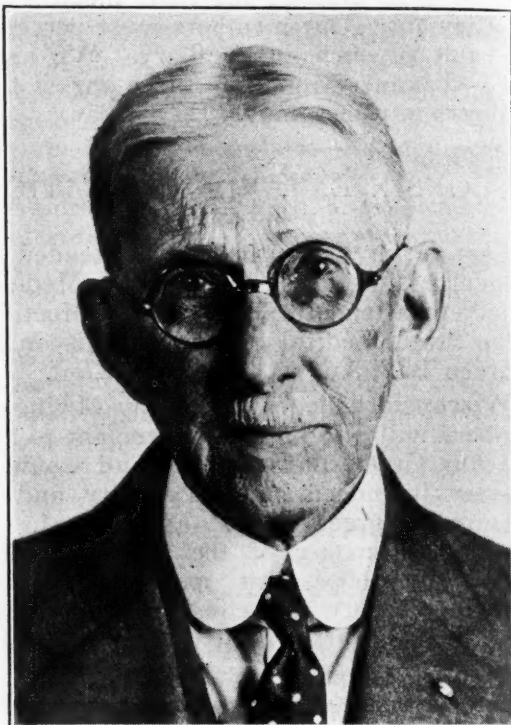
A. A. Thompson L. Allen
M. Smith W. Sharpe
T. P. Russell J. Seaman

MACOMB CO. MEDICAL SOCIETY

The Macomb County Medical Society was organized and became a component part of the Michigan State Medical Society at a very early date and at the time the State Society was re-organized continued as a member and has been in active existence ever since.

At the present time there are thirty-four

members. Meetings are held monthly except in July and August—usually a noonday luncheon. Papers are read, cases presented and mat-



President Edward Graham Folsom, M. D., was born at Utica, New York, May 25, 1854. Graduated in medicine, March 5, 1877. Practiced in Mount Clemens since 1884, a consecutive period of over forty years. Dr. Folsom has always been deeply interested in public and civic affairs and as such has served his community honorably and creditably in various capacities, among them having been Secretary of the Pension Board, Postmaster of Mount Clemens, Surgeon Examiner for Draft Board during the late war, Coroner for Macomb County and Health officer of Mount Clemens for thirty years and is still Health Officer. Dr. Folsom has always been active in the Society and has always stood ready to give his services to every member thereof unstintingly, accordingly he is beloved by every member and in honor thereof a testimonial dinner was given him last winter and at the annual meeting was the unanimous choice for president of our County Society—a fitting honor for the dean of the Society, especially at this time when the County Society has the privilege and pleasure to entertain the State Society.

ters pertaining to the Society are taken up and decided.

The attendance at the meeting has been very high, considering the fact that members are in all parts of the county and must make trips in some cases of over twenty miles to attend, so with an attendance of around sixty per cent is something we feel proud of.

The entire membership of the Society stand ready to assist and aid in every way the recommendations that may be asked for from the Councillors of the Society.

At this particular time every member extends a hearty invitation and welcome to every other member of the Michigan State Medical Society to be with us during the State meeting to be held September 9, 10, and 11, 1924.

The officers for the year 1924 are:

E. G. Folsom, M. D., president; M. Croman, M. D., vice president; R. Ullrich, M. D.,



Secretary Victor Hugo Wolfson, M. D. was born in Port Hope, Huron County, Michigan, August 20, 1885, graduated from Mount Clemens High School; graduated in medicine, 1909, since which time has practiced in Mount Clemens.

treasurer; V. H. Wolfson, M. D., secretary; V. H. Wolfson, M. D., delegate; F. K. Lenfestey, M. D., alternate.

V. H. Wolfson, M. D., Secretary.

HOTELS OF MT. CLEMENS

Park Hotel.	Colonial Hotel.
Olympia Hotel.	Elkin's Hotel.
Plaza Hotel.	

We are advised that the above hotels will give a special rate of \$5.00 per day, American plan, (room and meals) to all registered members.

The Murphy Hotel.
John R. Murphy Hotel.
Arethusa Hotel—

Will give a special rate of \$2.00 per day, European plan. The Medea Hotel will give a rate of \$2.00 up, per day, European plan. It is recommended that you write at once for reservations.

Editorial Comments

What you should know:

1. The Annual Meeting is on September 9th, 10th and 11th at Mount Clemens.
2. Mt. Clemens is but 21 miles from Detroit and may be reached from Detroit by interurban, Grand Trunk R. R. or by auto by driving out Gratiot avenue which is a paved road all the way into Mt. Clemens.
3. The House of Delegates meets at 2:00 p. m., September 9th. Your county delegates should be on hand promptly at this first session.

4. Section Programs will be opened promptly on the hour designated. Don't straggle in.

5. Many distinguished guests from out of the state, including Dr. W. D. Haggard of Nashville, Tenn., president-elect of the American Medical Association, will be present to address the General Meetings and Scientific Sections.

6. Macomb County Physicians are planning most pleasant entertainment features.

6. Hotel accommodations are ample but we urge that you make early reservations.

7. Mt. Clemens's baths are free to all members. Don't fail to take one of these sulphur baths—it's not all brimstone.

8. Section Officers have prepared exceptionally strong programs. They cover a range of subjects that are of intense practical value. You are bound to profit by these discussions.

9. On Thursday afternoon there will be a General Combined Meeting of all the Sections. The invited speaker from New York is a distinguished Clinician, an able diagnostician and a fluent talker. His Clinic with illustrative cases and the ensuing discussion by the selected representatives of our Scientific Sections assure the success of this new feature of our Annual Meeting.

10. Note the dates—you cannot afford to forego the Mt. Clemens meeting. Make your hotel reservation now.

There has been considerable discussion bearing upon the need of periodic physical examination. To educate the public in regard to the value of periodic examinations is probably one of the most difficult features. In this issue, under County Society News, will be found the plan that is being advanced by our members composing the Hillsdale County Medical Society. Arrangements are under way for conducting, sometime this fall, a competitive physical examination movement during which the members volunteer to examine all high school students and awarding prizes to the students who rate the highest. This is a most commendable activity and it is hoped that it may be conducted throughout the state by most of our County Societies.

Anent the Frank case which is still receiving considerable newspaper publicity, a certain preacher delivered a sermon concluding that if these boys had been made to go to church they would not have developed the mental defect that induced their crime. Of such stuff are preachers made. In ignorance do they pass judgment. We quote Dr. Barker: "If the public could be informed of the prevalence of abnormal thought, feeling and behavior, such indifference as now exists regarding prevention would become inconceivable. If the public fully realized how much insanity, mental deficiency, criminality and incapacity for social effectiveness actually exists and how easily much of these could be prevented by the adoption of wide measures that are practicable, one cannot but feel that the apathy would be displaced by activity and that a vigorous prophylactic campaign by legislation would be peremptorily demanded."

Until mental deficient are prohibited from reproducing we will have repetitions of "Franks crimes." The Bible or church will not remove the stigmata.

The American Medical Association Bulletin is sent every two months to the Fellows of the Association. In it there is a discussion of medical and economic problems. It is the open forum of the Association. The June number was issued in two

parts. The second part is devoted entirely to a splendid article by H. E. Kelly a Chicago attorney on the "Regulation of Physicians by Law." Every physician should read it for it will enable you to intelligently discuss with your clientele and legislators the points involved in cult and other types of practices.

In reviewing the use and value of vaccine, Norman McCaskie concludes with this statement: "There are fashions in treatment and few of us who have been in practice for over twenty years can look back with quite clear consciences on our attitude towards them. Vaccine therapy today is the fashion of the moment. It has captured the general public; our patients expect it and reproach the man who does not employ it as being behind the times. This reacts on us, and there is hardly a bacterial infection in which we feel that we have exhausted the last means of treatment unless we make use of a vaccine. It is fatally easy—and very profitable—but it lends itself to exploitation. There will be a reaction, and a prejudice will arise against a method of treatment which though yet in its infancy and hardly as yet of general application, holds great promise for the future." We cannot agree with the last sentence unless doctors discontinue the exploitation and limit the use of vaccine to positive indication for scientific administration.

Two years ago when Dr. W. T. Dodge was elected president we commented upon his virtues and remarked that his only fault was "a poor game of golf and choice language upon the greens." We were taken to task for these remarks by Dr. Dodge and we promised that we would retract through these columns whenever he was able to beat us. As a consequence we have had many invitations to play. Dr. Dodge even went on the Golf Special to California hoping for a golden opportunity. He admitted that to beat us was his one ambition during the past two years. Fate was kind to him. Persistency was rewarded.

On June 22nd he evidently found out we had not played for three weeks. In addition the mower on his course was out of commission and the fair-way was a hay field. The greens were mountainous, concrete formations—when we were insistently urged to come up to Big Rapids, we did. Result: He beat us on total score but not on holes. We lost \$21 and six balls to him. Satisfaction has been accorded. He's still chuckling.

Dietetics merits more thought on the part of the physician than has been given to it. Balanced food intake with modification as the individual's needs indicate, will do as much to achieve a return to normal as will medication and surgery. People are learning the value of proper diets and are demanding intelligent guidance from their doctor. Texts on diet and food values are as a rule tiresome, difficult reading and study—still one must dig out the general principles from these texts. Having done so, he will then find that he will be well repaid for his subscription to "Dietary Administration and Therapy," a monthly magazine published in Cleveland under the direction of the Hospital Dietetic Council. This publication is a most helpful one, and will be of material assistance in your daily practice.

Section officers have determined that all section meetings will be called promptly on the hour set and will be adjourned promptly. The last two years we have become negligent in this. In

starting each session promptly, its program can be completed with plenty of opportunity left for social visiting. Promptness is going to be the watch-word for our Mt. Clemens meeting.

Delegates are again urged to be present on Tuesday afternoon. Most of the work of the House of Delegates can be accomplished Tuesday afternoon and evening. If you represent your local society as you are expected to, please arrange to be in Mt. Clemens on Tuesday afternoon, September 9th.

Don't fail to write for your hotel reservations. A list of Mt. Clemens Hotels will be found in this issue.

As most of our readers know, this is what is commonly termed, Presidential Election Year. Besides a nation's president, there are to be elected senators, congressmen, governors, state legislature senators and representatives, county and civic officials. To exercise one's right of franchise we understand that it is imperative for every voter to re-register in his voting precinct. To fail to do so bars him from voting at the coming election. The Journal does not plan or purpose to enter into any of the political debates, nor will it sponsor any candidate. The Journal is concerned, however, to the extent of desiring to urge every member to acquit himself of his citizenship responsibility to vote. To that end do we urge that if you have not already done so, that now, ere the registration lists close, you go to the registration board and record your name and address. The greatest slacker is that individual who fails to register his vote on election day. Let that not be said of any Doctor in Michigan.

Correspondence

The Editor of the Journal of the Michigan State Medical Society:

Will any and all doctors, former residents of Illinois, or descendants of pioneer physicians of the "Illinois country," communicate at once with the Committee on Medical History, Illinois State Medical Society, No. 6244 North Campbell Avenue, Chicago, Illinois?

Under the sponsorship of the Illinois State Medical Society there is in preparation "A History of Medical Practice in the State of Illinois" that must go to the printer at an early date. In order that this volume may be accurate and complete, all possible assistance is asked from every source, as to personal data and experiences, including diaries, photographs and similar documentary mementoes of pioneer Illinois doctors and of progressive phases of medical practice, as well as of achievements in fields other than those of medical science. Prompt return in good condition is promised for anything loaned the committee, the personnel of which is:

O. B. Will, M. D., Peoria, Ill.; C. B. Johnson, M. D., Champaign, Ill.; Carl E. Black, M. D., Jacksonville, Ill.; George A. Dicus, M. D., Streator, Ill.; James H. Hutton, M. D., Chicago, Ill.; Chas. J. Whalen, M. D., Chicago, Ill., Chairman.

The scope of the volume will range from the discovery of Illinois to modern times. Through this period of over 250 years there is much of thrilling interest to be detailed. Collection of the human interest data can come only from the families or closest friends of the pioneers, many of whom long ago removed to distant sections of the

United States. Through the kindness of editors of various medical journals, it is hoped to reach those who may be able to loan valuable material to the compilers who guarantee careful guardianship of anything sent for publication.

Some of the subjects touched will be: Physicians accompanying early explorers; government surgeons and physicians in attendance at the forts; early medicine in Illinois; theories of healing from the days of the Aborigines through the mound-builders; French and English explorers; the ante-boundary days; sporadic settlers; medical attendants for the covered wagon; herb doctors; primitive surgery; medicine and missionaries; migration of pioneer physicians to new territory; the circuit riding and "saddle-bag" doctors and their burdens, triumphs and perils; pioneers as "utility citizens"; Illinois men in war time—there are four conflicts to be considered since the opening of the Nineteenth Century; Illinois medical men away from medicine, i. e., in industry, in science, in belles-lettres—art, music and literature.

Photographs especially are desired. Also copies of letters, statements of "cures" and "new methods," diaries and the like.

The Editor of the Journal of the Michigan State Medical Society:

I have just received the July number of the Journal of the Michigan State Medical Society and am very greatly interested in the draft of the proposed new Constitution and By-Laws on Pages 306 to 312.

You will perhaps recall that in my report to the House of Delegates I drew attention to the need for more specific provision for the control of members of state associations. In other words, I pointed out that it seems necessary that when county medical societies take into membership those who, under certain circumstances, are not desirable from the standpoint of the state association, there should be some provision made whereby the state association can control the situation with respect to such members as it may not consider desirable.

A case in point has recently arisen in a state association whose secretary reported to this office for enrollment the name of a physician who has been a flagrant advertiser of a drug cure, so-called, made and sold by this particular physician. By virtue of this man's membership in the state association concerned, he became a Fellow of the American Medical Association. When my attention was called to the Judicial Council, and by action of that Council, the man's name was promptly removed from the Fellowship roster of the American Medical Association. Of course, I communicated with the secretary of the state association who in turn advised the secretary of the County Medical Society concerned about the matter. The secretary of the County Medical Society replied to the state secretary that this man was a member in good standing in the County Society, that he had the esteem and respect of the community in which he lived and of his fellow members in the County Society.

This year the County Society's secretary reported this man's name to the state secretary for enrollment. The matter was presented to the State Council who ordered that the dues for the gentleman be returned to the County Secretary and that the County Society be asked to show cause why this man's dues should not be refused by the State Association. The County Society replied, in effect, just as the County Secretary had previ-

ously replied and the State Association kept the advertiser's name on its membership roster.

I note that Section 2 of Article 4 of your proposed new constitution provides that the membership of the State Association shall consist of members in good standing in the component County Society. I also note that Chapter I of the By-Laws provides that all members of component societies not in arrears for dues shall be eligible to any office within the gift of the State Association and that the name of a physician on the roster of members of a chartered County Society shall be prima facie evidence of his right to register at the Annual Session of the State Association. In Chapter 11, Section 5 provides that the County Society shall be the judge of the qualifications of its own members. It is also provided that charters shall be issued to the County Societies by the State Association.

I fear that the draft of your new Constitution and By-Laws leaves an opening for the same sort of situation to develop in Michigan which has been described in this letter. I fully realize that the questions here raised are delicate questions and difficult to adjust satisfactorily and I have written this letter simply to call your attention to the matter so that you may think it over carefully.

I note in Section 2 of Chapter 11 of the proposed new By-Laws that the "Code of Ethics" of the American Medical Association is referred to. There is no longer a Code of Ethics. The Principles of Medical Ethics of the American Medical Association replaced the code some years ago.

By the way, it seems to me desirable that each County Society and each State Association should adopt the Principles of Medical Ethics of the American Medical Association or some similar instrument.

With my sincere good wishes, I am

Very truly yours,

Olin West, Secretary.

The Editor of the Journal of the Michigan State Medical Society:

I have read with interest the article in "The Bulletin" as of July 7, 1924, "Children Improved by Habit Clinic." I feel certain that the medical profession of this city and state will be interested to know that such a Clinic is being and has been conducted at the Children's Hospital of Michigan for the last three months. We are anxious that all physicians and hospitals take advantage of this activity if they so desire. We therefore invite you to refer to this Clinic any little individual whom you consider a subject for such study. (This is a Free Clinic as is all other departments of the "Out Patient Department"). Dr. Irwin H. Neff, the physchiatrist in charge has to offer the following for your information:

"The importance of correcting undesirable habits in normal children is recognized as an important feature in the treatment of childhood ailments. The correction of abnormal tendencies in children may prevent the development of functional nervous troubles or mental invalidism in adult life. Some of the conditions in children that would suggest the use of a habit clinic are disturbances of sleep, lack of normal appetite, speech defects, convulsive attacks, headaches and many miscellaneous nervous habits—to these should be added what may be termed personality traits such as fears, day dreaming, pugnacity, shyness, whining and crying, oversensitiveness, obstinacy, unusual sex manifestations—and in the category of habits we must include the following social conduct, viz: lying, running away, stealing, destruc-

tiveness, sex assaults and sex perversions, cruelty, etc.

"All of the above states may be due to habit not connected with physical disease and conversely may be related to or initiated by bodily defects or disfunction.

"The basic cause for the development and the reason for the continuation of childhood habits should be discovered; the detection of the cause and institution of appropriate treatment is a medical problem the importance of which should not be underestimated."

Let me quote from Dr. Thom's article. Dr. Thom says, in concluding his report:

"There can be no question as to the practical value of clinics whose chief concern is the study of the mental health of children. Childhood is not only the opportune time but the only time to inaugurate a program of mental health.

"Seeds of pugnacity, selfishness and feelings of inferiority are sowed early. They may not bear fruit until later—perhaps not at all; but if one expects to reap the blessings of an adequate, well-rounded and self-sufficient type of personality in an offspring, the seeds must be planted during the earliest years and carefully nurtured."

I wish also to say at this time that there is in operation at our hospital a "Cardiac Clinic" where all children coming under the heading "Cardiacs" are studied, classified, treated and instructed.

We cordially invite you to use this department also. These two departments, we believe, are great "Prevention Clinics."

Very cordially,

M. B. Bay, Director.

State News Notes

COLLECTIONS

Physicians' Bills and Hospital Accounts collected anywhere in Michigan. H. C. VanAken, Lawyer, 309 Post Building, Battle Creek, Michigan. Reference any Bank in Battle Creek.

NURSES' private home, invites convalescents and invalids; best of care, fine location. R. Rs. N. Y. C. and Interurban; best of references given. For particulars write Bessie Bileth, 566 Ely Street, Allegan, Mich.

The Western Michigan Travel Club held its annual social outing at Big Rapids on July 30th, as the guests of Doctors Dodge and Lynch.

Dr. G. L. McBride, Grand Rapids, is spending the summer at his cottage at Macatawa Park.

Dr. G. H. Southwick, Grand Rapids, will spend the month of August at the camp of Dr. R. J. Hutchinson in northern Canada.

Dr. Guy L. Connor, Detroit, will spend the month of August at Mackinaw City.

The Corner Stone of Butterworth Hospital, Grand Rapids, was laid with appropriate ceremony on July 23rd. A copy of our State Journal was among the documents placed in the stone.

Upper Peninsular Medical Society will hold its annual meeting in Sault Ste. Marie, August 13 and 14.

During commencement week the Psychopathic Hospital at Ann Arbor was visited by Dr. George

M. Kline of Boston. Doctor Kline was formerly First Assistant Physician at the Psychopathic Hospital and is now Commissioner of Mental Diseases for the State of Massachusetts.

In connection with the Summer School of the University of Michigan, Dr. Albert M. Barrett is giving a course of ten lectures on Psychiatry in relation with public health problems. About thirty-five physicians, nurses and public health officers are attending this course.

At the meeting of the American Psychiatric Association recently held at Atlantic City, Doctor Theophile Raphael, first assistant physician at the Psychopathic Hospital, Ann Arbor, presented a paper on "The Kottmann Reaction in Neuro-Psychiatric Diagnosis."

Dr. Albert M. Barrett, Director of the Psychopathic Hospital, University of Michigan, has been elected President of the American Psycho-pathological Association for the coming year.

Dr. Theophile Raphael will spend the next two months in study in New York and Boston.

Mrs. H. S. Mallory, Director of Social Service at the State Psychopathic Hospital, attended the annual meeting of the National Conference of Social Work held recently at Toronto.

Dr. A. M. Barrett, Director of the State Psychopathic Hospital, addressed a joint meeting of the Ingham County Medical Society and Bar Association at Lansing on the evening of May 15th. The subject of his address was "The Psychopathic Aspect of Behavior Problems."

Dr. Albert M. Barrett, Medical Director of the State Psychopathic Hospital, has been appointed a member of the Board of Medical Consultants of the U. S. Veterans' Bureau.

Doctor L. D. Stern, Instructor in the Department of Internal Medicine, University of Michigan, has resigned, to enter general practice in California.

Doctor N. M. Alter, Instructor in the Department of Internal Medicine, University of Michigan, has been appointed Professor of Pathology in the University of Colorado.

Doctor William Smith of the Department of Neurology, University of Michigan, has been appointed Instructor for the ensuing year.

During the past month Doctors Arthur Markley of Denver, Colorado, Marcus Haase of Memphis, Tennessee and John H. Stokes of Philadelphia, Pennsylvania, have been the guests of Dr. Udo J. Wile of the Department of Dermatology, University of Michigan.

During the recent meeting of the American Medical Association in Chicago the following papers were presented by the Department of Dermatology of the University of Michigan: "Universal Leukemia Cutis" by Doctor Keim before the Dermatologic Section. "Tryparsamide in the Treatment of Central Nervous System Syphilis," by Dr. Wile and Dr. Wieder.

At the meeting of the American Dermatological Association held in Minneapolis, Dr. Wile read

a paper on "Familial Study of Three Unusual Cases of Congenital Ichthyosiform Erythroderma."

Dr. Udo J. Wile of the Department of Dermatology, University of Michigan, has been re-elected secretary-treasurer of the American Dermatological Association. The name of Dr. Harther Keim was proposed for membership in the American Dermatological Association.

The University of Michigan Pediatric and Infectious Disease Society held its annual meeting June 2, 1924. The following papers were presented: "The Management of the Physically Defective Child in the Public Schools"—Paul Beavin, Rochester, New York. "The Use of Diathermy in the treatment of Disease"—George M. Brown, Bay City, Michigan. Discussion of a case of Congenital Structure of the Ureter—Rockwell M. Kempton, Saginaw, Michigan. "The Estimation of Sugar in the Blood from a Finger Prick—A Comparison with Other Methods"—Pauline M. Tessmer, Ph. C., Ann Arbor, Michigan. "Observations on Coeliac Disease," William S. O'Donnell, Ann Arbor, Michigan. "Observations on the Effect of Infections on the Course of Nephritis in Children"—Howard B. Mettel, Ann Arbor, Michigan. "Studies on Blood Pressure"—John P. Parsons, Ann Arbor, Michigan. Report of the Activities of the Clinic during the past year. Plans for the new Hospital—D. M. Cowie, M. D., Ann Arbor, Michigan.

In his presidential address before the American Pediatric Society at its meeting June 5, 1924, Dr. D. M. Cowie, Professor of Pediatrics, University of Michigan, discussed "Juvenile Medicine and Its Problems."

The following changes and promotions have been made in the department of Surgery, University of Michigan, for the ensuing year: Carl E. Badgley, Assistant Professor of Surgery vice LeRoy C. Abbot resigned. Howard B. Baker, Instructor in Surgery vice Frank E. Curtis resigned. J. Basil Hume, F. R. C. S., Senior Demonstrator of Anatomy, St. Bartholomew's Hospital, London, Instructor in Surgery one year.

Dr. I. W. Greene, Former Chief of the Medical Out Patient Department, University Hospital, at Ann Arbor, has located at Owosso, Michigan, where he will practice Internal Medicine, and be Director of the Medical laboratories of the Owosso Memorial Hospital.

Born to Dr. and Mrs. Chas F. DuBois of Alma, a daughter, Ruth Arline, on July 16th.

The Tri-State Medical Association will hold its Annual Meeting in Milwaukee October 27 to 31st, with five full days of post graduate work.

County Society News

HILLSDALE CO.

The regular Quarterly Meeting of the Hillsdale County Medical Society was held at the Country Club, Hillsdale, beginning at about 8 p. m. with a delightful dinner at the club; the President, Dr. C. T. Bower in the chair.

After the reading of the minutes, Dr. Bower presented the speaker of the evening, Dr. Rockwell M. Kempton of Saginaw.

Dr. Kempton read a carefully prepared and most instructive paper on "Water Metabolism." The doctor dwelt on the vast importance of water in the body in all the vital processes; showing how a want of water can cause disease in a hundred different forms. Also how restoring this vital element to the system to the normal quality, favors elimination, builds up tissue and cools fever, just as it puts out fire in a burning building. A very important part of his paper dealt with the different methods of introducing water into the body where for any reason the natural channel by the mouth cannot for any reason be used. Under the skin, into a vein, by the bowel and even by a needle into the peritoneal cavity. He gave a careful illustration of the technique of all the various modes. His address was listened to with intense interest and in the absence of both gentlemen assigned to open the discussion, a general discussion was held in which several of the members took part. Dr. Kempton gave a number of interesting case histories, in which patients at the point of death had rallied and eventually recovered under the influence of the life giving water.

Dr. Kempton was warmly thanked by all for his valuable and suggestive paper.

The draft of the new constitution for the State Medical Society to be voted on at Mt. Clemens in September, was then considered, and Dr. Bell of Reading was elected delegate to that meeting, with Dr. Oliver of Camden as alternate. It was decided to leave the delegate free to vote on this question as his best judgement should indicate after hearing all the arguments for and against the proposed new constitution.

After the regular business of the meeting was finished, the chair introduced Mr. Louis Mathias of Hillsdale, who proposed that the various members of the different boys' and girls' contestant clubs, present themselves at some time prior to the close of the contests this fall, for a competitive health examination by some of the physicians of the county, with a view of showing special honor to the most vigorous and perfect specimens of boyhood and girlhood. The object of this, of course, will be to create among our young people an ambition to be perfect physically, as well as mentally, morally and industrially.

All the physicians present were willing to assist in this work if called upon to do so. It was moved, supported and carried that, "The Chair appoint three physicians to form a committee to meet with Mr. Mathias and work out a plan for this service; the president to act as chairman of the committee."

The president appointed as members of the committee, Dr. Green, Hillsdale; Dr. Bell, Reading; Dr. Barnes, Waldron. There being no further business to come before the society it was moved and carried to adjourn. There were present at this meeting: Doctors Green, Franghouser and Bower, Hillsdale; Clobridge, Allen, Barnes and Yeagley, Waldron; Bell, Robson and Fenton, Reading; Oliver, Camden, Bechtol, Montgomery. Eleven in all, aside from the essayist Dr. Kempton.

D. W. Fenton, Secretary.

IONIA-MONTCALM CO.

The Ionia-Montcalm Medical Society met Thursday, June 19th, at Hotel Phelps, Greenville, Mich. Seventeen members were present. An excellent chicken dinner was served at 7:00 o'clock, after which the following program was presented:

Subject: "Medical Conditions in Vienna."

Speaker: Dr. Thomas A. Gordon, Grand Rapids.

Dr. Gordon gave a most interesting and in instructive talk which was well received.

Subject: "Surgical Aspect of the Prostate."

Speaker: Dr. Henry J. VanDenburg, Grand Rapids, Mich.

Dr. VanDenburg covered the Surgical Aspect of the Prostate Gland in a very thorough and practical manner spending much time on the diagnosis and the indications for surgical intervention. The discussion was entered into with much enthusiasm by several members of the society.

Dr. A. I. Laughlin, Clarkville, and Dr. J. E. Baker, Crystal, Michigan, were unanimously elected members of the society.

F. A. Johnson, M. D., Secretary.

GENESEE CO.

The Genesee County Medical Society met for noon luncheon at the Hotel Dresden, May 14, 1924. Dr. Loree, St. Joseph's Hospital, Ann Arbor, Mich., gave a very instructive talk on "Hospital Organization."

The Genesee County Medical Society met for noon luncheon at the Hotel Dresden, May 28, 1924. Dr. Edward S. Blaine, Chicago, Ill., Director of X-ray Department of the National Pathological Laboratory, formerly Roentgenologist, Cook County Hospital, Chicago, gave a very interesting talk on the subject, "Roentgenology of Bones and Joints."

The staff of the Hurley Hospital met at 8:15 p. m., June 16, 1924, at the Hurley Hospital. Dr. John O. Polak, Professor of Gynecology and Obstetrics, Long Island Medical College, Brooklyn, N. Y., gave a very instructive and interesting talk on "Gynecology and its relation to Obstetrics."

Geo. J. Cuny, Secretary.

HOUGHTON CO.

The Houghton County Medical Society met at its regular monthly meeting at the Copper Range Hospital, Trimountain, Michigan, Tuesday, July 8th, with 23 doctors present.

Dr. B. C. Whitmore of Trimountain had a very interesting paper on "Antitoxin in Diphtheria." This paper was very fully discussed by all present. The next paper of the evening was read by Dr. K. C. Becker on "Carcinoma of the Cervix." This was a very interesting and comprehensive paper and was also fully discussed by those present.

We were very fortunate in having present Dr. A. W. Hornbogen, state delegate to the American Medical Society. Dr. Hornbogen not only took part in the discussion of the various papers but also favored us with remarks on State Medical Society news and urged the reading of the new constitution and by-laws which was printed in the last issue of the state "Journal."

Dr. West next presented a very interesting case of fracture and head injury of several months duration which made a complete recovery. He also showed X-ray plates of this case. Dr. West also gave the history of a case of Streptococcus infection which resulted fatally. The meeting then adjourned to a very fine luncheon which was served by Mrs. West and the head nurse, Miss Noel.

Dr. Fischer next announced that the latter part of this month or the first of next, arrangements would be made to have Dr. Pritchard of Battle Creek, and Dr. Sundwall of Ann Arbor, here to give demonstration of methods to be used in the Preventorium Clinic. A motion was made that the Houghton County Medical Society extend an

invitation to these doctors to take part in our next regular monthly meeting.

A hearty vote of thanks was extended to Dr. and Mrs. West for their hospitality.

Very truly yours,

G. C. Stewart, Secretary.

Book Reviews

ANESTHESIA—By James Tayloe Gwathmey, M. D. price \$6.50. The Macmillan Company, New York.

The second edition of this work brings a classic up-to-date, eliminating non-essentials and supplying a fund of practical knowledge drawn from the experience of the best known investigators and authorities in the subject. Especial attention is given to painless childbirth by synergistic analgesia, ethylene, local anesthesia, colonic anesthesia, each subject being covered in a thorough going manner.

THE MEDICAL CLINICS OF NORTH AMERICA (Issued serially, one number every other month.) Vol. XIII, No. 1, July, 1924. Octavo of 426 pages, 106 illustrations. Per clinic year, paper \$12 net; cloth, \$16 net. W. B. Saunders Company, Philadelphia and London.

Faithful in maintaining the high standard of these clinics this number adds another volume to the valued series.

GOITRE—NONSURGICAL TYPES AND TREATMENT—I. Bram, M. D., Jefferson Medical College, The Macmillan Co., New York.

A monograph based on clinical and practical experiences. It contains the well known theories and non-operative methods of treatment. The author is slightly inclined to exaggerate the value of and indications for medical therapy.

THE INTERNAL SECRETIONS: Arthur Weil, University of Halle. Translated by J. Gutman. Cloth, 285 pp. The Macmillan Company, New York.

A foreign presentation and viewpoint on Internal Secretions. It is well suited for beginners and students.

FERTILITY AND STERILITY IN HUMAN MARRIAGES—By Edward Reynolds, M. D., Boston, Mass., and Donald Macomber, M. D., Boston, Mass. Cloth, 285 pp. \$5 net. W. B. Saunders Company, Philadelphia and London.

This subject is one upon which the public is seeking more dependable information and instruction. This text will be of material assistance in aiding the doctor to properly advise his patients. Its authors command our confidence and are to be commended for preparing this valued text.

MODERN METHODS OF TREATMENT: L. Clendenning, University of Kansas. Cloth, 692 pp.; price \$9.00. C. V. Mosby Company, St. Louis, Mo.

A most commendable text imparting the best thought and practices in the treatment of diseases. It covers drugs, the various forms of electro and mechano therapy, serums, vaccines, and diet. There is indicated the value of each agent in given conditions. As such then it should become the desk reference text of every physician.

1923 COLLECTED PAPERS OF THE MAYO CLINIC—Octavo of 1377 pp., 410 illustrations. Cloth, \$13 net. W. B. Saunders Co., Philadelphia and London.

These collected papers represent the scientific achievements of the Mayo Clinic and impart the work of that organization. As such it is therefore a compilation of proven principles and practices. Its study and assimilation will prove to be instructive and of material assistance to every medical man. It is recommended for this purpose to the entire profession.